Form Title: Rotation Evaluation

Form Description:

Rotation Evaluation						
	Never	Seldom	Sometimes	Often	Always	Don't know
The organization of this rotation (e.g. registration, scheduling, access), was adequate.	c	c	С	c	c	c
The orientation for this rotation was adequate.	c	c	c	c	c	c
I knew what was expected of me.	c	c	c	c	c	c
This rotation allowed me to meet the educational goals.	c	c	c	c	c	c
Faculty provided me with constructive feedback about my performance.	c	c	c	c	c	С
I was given an appropriate level of responsibility for my stage of learning.	c	c	c	c	c	c
I was in a safe environment for learning.	c	c	c	c	c	c

During this clinical rotation, he	ow frequently have you been unduly	r influenced to stay beyond your du	ity hours?
o	c	e	С
Never	Once per rotation	Occasionally - 2 to 4 times per rotation	Frequently - 5 or more times per rotation

Overall rating (NOTE: 3 or Good Experience is a 'passing' score for this rotation)				
o	С	c	С	o
Unsatisfactory	Weak	Good	Very good	Superior

Additional Comments for this Rotation:		

Form Title: Educational Event Assessment

Form Description:

Global Event section					
	Strongly disagree	Disagree	Agree	Strongly agree	Not Applicable
This session enhanced my knowledge	c	c	c	c	c
The stated learning objectives were met	c	c	c	c	c
This session conveyed information that applied to my scope of practice	c	С	С	c	c
The educational format and the teaching methods of this session were appropriate to the goals of the session	c	c	С	c	c

Was 1	Was this session free of commercial bias?				
c	Yes				
c	No				

Presenter Section

Comments – Mandatory (i.e. Overall Presentation Effective, Content Relevance, Used Effective Teaching Methods, etc)