



**Clinical Affiliation Evaluation-  
Nursing Instructor/Student Evaluation**

Nursing School: \_\_\_\_\_

*Clinical Experience*

Hospital: \_\_\_\_\_

Unit: \_\_\_\_\_

Shift: \_\_\_\_\_

Date: \_\_\_\_\_

Your evaluation is essential to providing quality education. Please circle the number which best reflects your agreement or disagreement with each statement and forward to the Nursing Education Department at the clinical site.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. This clinical experience increased my knowledge of nursing in the hospital setting.	1	2	3	4
2. The staff was courteous and helpful.	1	2	3	4
3. The nursing staff was supportive during my clinical experience.	1	2	3	4
4. I would recommend the clinical site to others.	1	2	3	4
5. Overall, I was satisfied with this clinical affiliation site.	1	2	3	4

What did you like best about this clinical experience?

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What could be improved about this clinical experience?

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General Comments:

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**Thank You!**