STUDENT EVALUATION OF PRACTICUM SITE

**Insert Name of College**

**Medical Assisting Program**

This survey is designed to help the program determine the appropriateness of individual practicum sites. In addition, there is a section that focuses on the support that the practicum students received from the Practicum Coordinator and the program. All data will be kept confidential and will be used for program evaluation purposes only.

|  |  |
| --- | --- |
| Name of Practicum Site: |  |

Quantitative Evaluation

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

**5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree**

**N/A = Not Applicable**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **At this practicum site, I** |  |  |  |  |  |  |
| 1. Was provided orientation to the office/facility. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Was adequately supervised and informed of whom to ask for help if I needed it | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Was provided with regular constructive feedback | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Was given the opportunity to perform a variety of administrative skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Was given the opportunity to perform a variety of clinical skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Was treated respectfully by healthcare providers and other staff. | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Was in an environment that safeguarded my health and safety | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Was provided the opportunity to practice communication skills within the healthcare environment |  |  |  |  |  |  |
| 9. Was provided a final written performance evaluation. | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Received support and help from my program’s Practicum Coordinator | 5 | 4 | 3 | 2 | 1 | N/A |

**Qualitative Evaluation**

Were you asked to perform any additional skills that were not taught as part of your program?

Yes ÿ No ÿ

If yes, please identify:

|  |
| --- |
|  |

Would you recommend this site for future practicum students? Yes ÿ No ÿ

What is your reason for either recommending or not recommending the practicum site?

|  |
| --- |
|  |

What part of the practicum experience did you like best and/or least?

|  |
| --- |
|  |

Please share any additional comments or suggestions.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Print Student’s Name: (optional) |  |
|  |  |
| Date: |  |