

MARYWOOD UNIVERSITY PHYSICIAN ASSISTANT PROGRAM
STUDENT EVALUATION FORM

In an effort to evaluate Marywood University's PA Program, the clinical site and clinical preceptor, please answer the following questions. When you have completed this form, return it to the Physician Assistant Program on the next EOR day.

Section I: Personal/Clinical Rotation Information

Name: _____

Rotation discipline: _____

Preceptor: _____

Clinical Rotation Site/ Location: _____

Rotation Number 1 2 3 4 5 6 pre 1 pre 2

Section II: Rotation:

1. Do you feel that the topics covered in your PA classes adequately prepared you for this rotation? Yes No

Comments:

2. Did this particular rotation meet your expectations? Yes No

Comments:

Section III—Preceptor/Facility

1. Did you feel that your preceptor was an effective instructor? Yes No

Comments:

2. Did the clinical facility at which you did your rotation meet your expectations? Yes No

Comments:

Section IV--Other:

1. Topic: _____

Comments:

2. Topic: _____

Comments:

Section V--Overall

1. Please rate your overall experience during this rotation. (1 Poor--10 Excellent)

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3.....4.....5.....6.....7.....8.....9.....:.....;.....32