

**MARYWOOD UNIVERSITY
PHYSICIAN ASSISTANT DEPARTMENT
ROTATION EVALUATION FORM**

In an effort to evaluate the Marywood University Physician Assistant Program, please answer the following questions. When you have completed this form, return it to the Physician Assistant Program Office.

Section I: Personal/Clinical Rotation Information

Name (Optional): _____

Rotation: _____

Preceptor: _____

Clinical Rotation Location:

Semester: (circle one) Fall, Spring, Summer I, or Summer II Year: _____

Section II: Rotation:

1. Do you feel that the topics covered in your PA classes adequately prepared you for this rotation? Y or N

Comments: _____

2. Did this particular rotation meet your expectations? Y or N

Comments: _____

Section III—Preceptor/Facility

1. Did you feel that your preceptor was an effective instructor? Y or N

Comments: _____

2. Did the clinical facility at which you did your rotation meet your expectations? Y or N

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)

1 2 3 4 5 6 7 8 9 10