



Integrated Clinical Experience Clinic Site Evaluation Form

Student: _____

Clinic Site: _____

Clinical Instructor: _____ Day/time: _____

Clinical Instructor email: _____ phone: _____

Please rate your experience, in the following categories, as it relates to your ICE. Your comments are confidential and used only to improve the program.

NA = not applicable 1 = poor / strongly disagree 2 = below average / disagree
3 = average 4 = above average / agree 5 = outstanding / strongly agree

Interaction with CI	1	2	3	4	5	NA
Value of this experience as an educational opportunity	1	2	3	4	5	NA
The amount of material you learned or were taught	1	2	3	4	5	NA
The education experience provided by my CI	1	2	3	4	5	NA

Did you have any hands-on opportunities?

Please elaborate: _____

What were the strengths of this integrated clinical rotation?

Suggestions about areas that could be improved upon to make this a better experience and learning atmosphere for future ICE's:

Please rate your overall experience at this site.

- Excellent clinical learning experience, would not hesitate to recommend this site to another student
- Time well spent, would recommend this site to another student
- Some good learning experiences
- Clinical experience not adequately developed at this time

Other Comments?

Student's Signature: _____ Date: _____