



AHMC ANAHEIM REGIONAL  
MEDICAL CENTER

## Student Evaluation

(Please complete and return at the end of clinical rotation)

Name of School \_\_\_\_\_

RN Student ( )

LVN Student ( )

Other ( )

Please place a circle around the number that best describes your learning experience.

4=Strongly Agree    3=Agree    2=Disagree    1=Strongly Disagree

Did you feel that your learning needs were met?                    1       2       3       4

Did you feel welcome by the staff?                                    1       2       3       4

Did you feel comfortable asking questions?                        1       2       3       4

If there was something you could change/improve at ARMC, what would that be?

\_\_\_\_\_  
\_\_\_\_\_

Do you feel ARMC would be a good place to work in the future?    ( )    Yes    ( )    No

If no, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We would like to stay in touch with you after your rotation. If you are interested in receiving information about upcoming ARMC Programs, please provide us with your e-mail and mailing address:

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Thank you.