

Judy Schmidt, DHA, MSN, RN
 Chief Executive Officer

Terri Ivory-Brown, MSN, RN
 RAMP Director

**Clinical Evaluation
 (To be completed by clinical instructor)**

Participant Name _____ Month/Year _____

School Information:

School _____ Clinical Instructor _____

Phone _____ Email _____

Clinical Location _____ Hours _____

Please Rate by Selecting the Appropriate Number and Provide Comments in Space Provided

	Poor					Excellent
	1	2	3	4	5	
Attendance	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Professional in Appearance	1	2	3	4	5	
Adheres to policies/procedures	1	2	3	4	5	
Exhibits appropriate decision making skills	1	2	3	4	5	
Performance	1	2	3	4	5	
Behavior when interacting with peers & patients	1	2	3	4	5	

Comments: _____

Other Questions/Notes/Instructions: _____

Please contact me

Signature

Date