

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
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