UNIVERSITY of TASMANIA

College of Health and Medicine

School of Nursing

Professional Experience Facilitator Evaluation Form

CNA ……. *(insert unit code and title)*

Semester: …… **Year:** 202…

This evaluation form is confidential and the information collected will help formulate feedback to the professional experience facilitators regarding their interaction with students in practice.

Professional Experience Facilitator's Name: …….

1. They demonstrated enthusiasm in the professional experience teaching role.

Strongly Agree	1	2	3	4	5	Strongly Disagree

Comments:

……
……
……
……

2. They communicated in a manner that displayed respect for you as the student.

Strongly Agree	1	2	3	4	5	Strongly Disagree

Please Describe:

……
……
……
……

3. Feedback regarding practice was timely and specific.

Strongly Agree	1	2	3	4	5	Strongly Disagree

If not, please provide suggestions for improvement:

……
……
……
……

4. They encouraged development of your knowledge, skills, attitudes and behaviours and assisted you to link theory to practice.

Strongly Agree	1	2	3	4	5	Strongly Disagree

Comments:

……
……

.....

.....

5. Information regarding progress was treated with confidentiality and respect.

Strongly Agree	1	2	3	4	5	Strongly Disagree

Comments:

.....

.....

.....

.....

6. They provided helpful guidance in overcoming problems associated with your placement/learning.

Strongly Agree	1	2	3	4	5	Strongly Disagree

Please describe:

.....

.....

.....

.....

7. The time spent with your Professional Experience Facilitator was educational and beneficial to your development.

Strongly Agree	1	2	3	4	5	Strongly Disagree

Comments:

.....

.....

.....

.....

Please provide additional feedback:

.....

.....

.....

.....

.....

.....