

PVCC Nutrition and Dietetic Technology Program

Evaluation of Facilities

Facility:

Date:

Course:

Site Preceptor:

Instructions:

Complete this form at the end of your experiences at each facility. **DO NOT PUT YOUR NAME ON THIS FORM!** Include a copy in your binder and for the director.

Legend: SA-Strongly agree; A-Agree; N-Neutral; D-Disagree; SD-Strongly disagree

	SA	A	N	D	SD
1. The facility provided access to patient information.					
2. The staff took time to answer questions.					
3. The staff interacts well with students.					
4. The staff was will to act as resources to students.					
5. The staff was willing to share time.					
6. The facility was well organized.					
7. Space was available for students to work.					

Strengths of this facility:

Areas that needed improvement at this facility:

Suggestions for future clinical experiences: