



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.