

Cape Fear Community College
Clinical Site Evaluation Form
Medical Sonography Program

Clinical Site _____ **Student Name:** _____

Semester/year: _____ **20** _____ **Rotation number** _____ **Date:** _____

Clinical Instructor(s): _____

Instructors	Exceeds Expectations	Meets Expectations	Needs Improvement	Needs much improvement	Comments
Demonstrate professional and caring attitudes to everyone					
Appeared knowledgeable and up-to-date on clinical subject matter					
Appeared to be well prepared and organized					
Provided students with sufficient opportunity to practice imaging					
Provided student with constructive criticism in a professional manner					
Clinical Site					
Encouraged the student to be motivated, resourceful and utilize time effectively					
Provided a safe environment for students, staff and patients					
Provided students with diversity of clinical experiences					
Overall Impression					

List those individuals who were supportive of your educational experience:

List those individuals who were not supportive of your educational experience:

Would you recommend this site to another student? _____

Student Signature: _____