

Site Supervisor Evaluation Form

HSC 3801: Clinical Observation

Bachelor of Health Science Program

Student Name: _____

This evaluation should be completed by the person directly responsible for the supervision of the student's clinical observation. The evaluation will be used in two ways:

1. To help the student understand his or her strengths and weaknesses as observed by a professional practitioner.
2. To help determine the final course grade.

Please base your rating on your observation of the student and/or the performance expectations you have conveyed to the student. Please feel free to make any additional comments in the space provided.

Please rate the student on the following areas:

General Appearance	_____
Professionalism	_____
Personable	_____
Promptness	_____
Shows Interest	_____
Attitude	_____
Accepts Feedback	_____
Interaction with Co-Workers	_____

Additional Comments

Site Supervisor Signature

Date

Please give this form to the student in a sealed envelope with your signature across the seal to deliver to his or her professor OR email the form directly to the professor (if emailed, you do not have to sign). Do not mail this form.