**California State University, Dominguez Hills**

**School of Nursing**

**MSN570 Nurse Administrator Role Performance II**

**Evaluation of Clinical Site by Student**

**Course: Semester/Year: Date:**

**Student’s Name:**

**Preceptor’s Name/Title Email address Phone # (including area code)**

**Agency Name Agency Address**

**Please mark the most appropriate space after each statement to provide a realistic evaluation of the clinical site.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **Comments** |
| Was there an adequate introduction or orientation to the unit or service? |  |  |  |
| Are there sufficient numbers of clients of the student’s target specialty population? |  |  |  |
| Are students allowed to select clients or projects according to their needs? |  |  |  |
| Do students have an opportunity to follow-up with clients or problems of interest? |  |  |  |
| Are client records available to the student? |  |  |  |
| Is the multidisciplinary team accepting of the student’s role? |  |  |  |
| Are instructional materials, policies and procedures, community resources, and quality improvement data available to the student as necessary? |  |  |  |
| Is the student invited to observe or participate in leadership meetings at the facility? |  |  |  |
| Would you recommend this clinical site to other Nurse Administrator students? |  |  |  |

**Comments:**

**Student’s Signature Date**