**Clinical Educator Feedback Survey**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Placement:</th>
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<td>Facility:</td>
<td>Clinical Area:</td>
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Please read each statement carefully, then circle one of the numbers on the right, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree N/A= not applicable

1. I was satisfied with the information provided by the university prior to the unit commencing

2. I was satisfied with the support provided by the university during the unit

3. The objectives of the clinical unit were achievable

4. The students were adequately prepared for the unit

5. The students were keen to learn

6. The resource manual provided sufficient information on the assessment of students

7. I understood the assessment form (APP) and how to complete it

8. The university responded within a reasonable time frame to any questions/requests for assistance that I made

9. What were the most rewarding aspects of the unit?

10. What were the most difficult aspects of the unit?

11. Reflecting on your experiences during this unit, are there any changes you would make prior to students attending for the next unit?
   Please comment

12. Do you have any requests for assistance from the university prior to the next time this particular clinical unit is conducted?