

VT 229 - Sophomore Clinical Externship - 2011

Student Evaluation form for General Practices

MANOR COLLEGE
700 FOX CHASE ROAD
JENKINTOWN, PENNSYLVANIA 19046
(215) 885-2360 Ext. 221
Fax: (215) 576-6564

Name of Site: _____

Student's Name: _____

Site Address: _____

Date: _____

Site Phone No.: _____

Name of Supervisor: _____

PLEASE CHECK ONE OF THE FOLLOWING IN EACH CATEGORY

1. How would you characterize the practice?

- _____ Small animal exclusively
- _____ Large animal exclusively
- _____ Mixed animal
- _____ Primarily exotic
- _____ Laboratory animal facility
- _____ Other

Please specify "other" _____

2. Number of Certified Veterinary Technicians on staff? _____

3. Who was your immediate supervisor? (List all names if there was more than one)

4. TRAINING EXPERIENCE

- _____ Required your active involvement; well supervised.
- _____ Required your active involvement; usually supervised.
- _____ Required your active involvement; but unsupervised.
- _____ Observation only, minimal participation by you.

5. STAFF RECEPTIVITY TO MANOR EXTERN
- _____ Very receptive
 - _____ Very helpful, augmented training
 - _____ Friendly
 - _____ Satisfactory effort at training student
 - _____ Cool
 - _____ Poor instruction received
 - _____ Resentful of having to train extern

6. Overall feeling about the externship experience.
- _____ Very positive - recommend highly
 - _____ Positive
 - _____ Satisfactory
 - _____ Unsatisfactory - not recommended

Comment below if unsatisfactory.

7. QUALITY OF INSTRUCTION BY SUPERVISOR
CLARITY OF INSTRUCTIONS
- _____ Outstanding
 - _____ Above average
 - _____ Average
 - _____ Below average
 - _____ Poor

8. ATTITUDE OF SUPERVISOR TOWARD TECHNICIANS
- _____ Limits job responsibilities
 - _____ Makes full use of their skills

9. AMOUNT OF QUESTIONING ENCOURAGED
- _____ Outstanding
 - _____ Above average
 - _____ Average
 - _____ Below average
 - _____ Poor

10. QUALITY OF ANSWERS GIVEN
- _____ Outstanding
 - _____ Above average
 - _____ Average
 - _____ Below average
 - _____ Poor

11. CHARACTERISTICS OF SUPERVISION (CHECK ALL THAT APPLY)

- _____ Extremely patient
- _____ Patient
- _____ Impatient
- _____ Too critical
- _____ Couples criticism with praise
- _____ Motivated you to do your best
- _____ Overbearing, too much supervision
- _____ Uninvolved, too little supervision

12. Your supervisor would like to know if there is something you believe he/she has done especially well in your training (please write your comments in the space below).

13. What could your supervisor do to improve the training experience?

Signed: _____ **Date:** _____

Student, when completed, please return this form together with the task check list and radiation badge to:

Dr. Joanna Bassert
Program Director
Program of Veterinary Technology
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Fax: (215) 576-6564