Attachment A

**Rotation: Student Evaluation Form.**

To be completed **anonymously** by each student at the end of every Rotation and submitted to the Center Director.

**Course Number:**

**Faculty Supervisor:**

**Evaluation Scale:** **please circle a score in each question.**

1 = lowest score, 2 = lower score, 3 = average score, 4 = higher score, 5 = highest score.

1. Indicate if the Rotation objectives were achieved.

   1, 2, 3, 4, 5.

2. Evaluate the course organization of the Rotation with its various components.

   1, 2, 3, 4, 5.

3. Indicate the extent to which the pedagogical component & readings were valuable.

   1, 2, 3, 4, 5.

4. Indicate if the Rotation enhanced your knowledge and critical thinking in clinical ethics.

   1, 2, 3, 4, 5.

5. Indicate if the Rotation developed your interpersonal process skills for ethics services.

   1, 2, 3, 4, 5.

6. Indicate the extent to which the monthly seminars were valuable.

   1, 2, 3, 4, 5.

7. Indicate the extent to which the journals and capstone essay were valuable.

   1, 2, 3, 4, 5.

8. Evaluate the Faculty Supervisor’s overall effectiveness.

   1, 2, 3, 4, 5.

9. Evaluate the Student Mentor’s overall effectiveness (if applicable).

   Not-applicable, 1, 2, 3, 4, 5.

10. Indicate your overall evaluation, including the extent to which you would make a recommendation of the Rotation to other students.

    1, 2, 3, 4, 5.

**Comments Section:** Please add other remarks about the Rotation or suggestions for the development of the Rotation.