

Off-Site Rotation Assessment Data

Name: _____ Date: _____

Gender: _____ Phone Number: _____ Email: _____

School Name: _____

Student Type: _____ Health Profession Discipline: _____

Name of Rotation Location: _____

Site Address: _____ City: _____ County: _____ State: _____ Zip Code: _____

Preceptor(s): _____ Preceptor's Credential: _____

Preceptor's Email: _____ Rotation Type (Peds, Family Med, OB, etc.): _____

A. Please rate the off-site rotation (Circle One)	Poor	Satisfactory	Good	Excellent
1 Overall knowledge gained	1	2	3	4
2 Responsibility given to student/resident	1	2	3	4
3 Expose to clinical practice	1	2	3	4
4 Overall understanding of health care needs of the area	1	2	3	4
5 Interaction with other health professionals	1	2	3	4
6 Preceptor/Student Interaction	1	2	3	4
7 Overall quality of the learning experience	1	2	3	4
8 Availability of regional AHEC Staff	1	2	3	4
9 Housing arrangements	1	2	3	4

B. Please answer the following questions:

10. Discuss the MOST positive aspect(s) of this position. (Please be specific)

11. Discuss the LEAST positive aspect(s) of this rotation. (Please be specific)

12. In your opinion, what changes could be made to make the rotation a better experience, not only educationally, but also personally?

13. Would you recommend this rotation to another student? Yes No

If no, please tell why

C. Please check the one which best reflects your attitude:

- | | | | | | |
|--|---------------------|------------|-----------|------------|---------------------|
| 14. Before the off-site rotation, my attitude toward pursuing a career in a small town or predominately rural area was | * Strongly Positive | * Positive | * Neutral | * Negative | * Strongly Negative |
| 15. Following the experience, my attitude toward pursuing a career in a small town or predominately rural area was | * Strongly Positive | * Positive | * Neutral | * Negative | * Strongly Negative |
| 16. Overall, my attitude concerning the educational experience during my off-site rotation is | * Strongly Positive | * Positive | * Neutral | * Negative | * Strongly Negative |

17. Additional Comments:

Thank you for taking the time to fill out this form. The information provided is necessary for the maintenance and improvement of the statewide AHEC Program. If you have any questions, please contact Md. Ikbal Parveg at iparveg@saahec.org or 251-809-1562
