



### Instructor Affiliation Evaluation Sheet

<input type="checkbox"/>	<b>St. Vincent's Birmingham</b>	<input type="checkbox"/>	<b>St. Vincent's East</b>
<input type="checkbox"/>	<b>St. Vincent's Blount</b>	<input type="checkbox"/>	<b>St. Vincent's St. Clair</b>
<input type="checkbox"/>	<b>One Nineteen Health &amp; Wellness</b>		

School: \_\_\_\_\_

Unit Assigned: \_\_\_\_\_

Phone: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_

Discipline: \_\_\_\_\_

Rotation Times: \_\_\_\_\_

Instructor (s): \_\_\_\_\_

1. Was the clinical rotation experience successful at allowing the student(s) to complete the clinical objectives of the program/course? Yes    No

Please explain:

2. Is there anything the facility could do to improve the clinical rotation experience? Yes    No

Please explain:

3. Would you like someone to call you to discuss any issues re: the clinical rotation experience? Yes    No

If "yes", phone number you can be reached:

Please explain:

4. Would you like someone to call you to regarding future job opportunities within 3-6 months of graduating? Yes    No

If "yes", phone number or e-mail address you can be reached:

5. Additional comments:

**Please return this completed form by mailing to the address below:**

Kara Weis  
 Human Resources  
 St. Vincent's Health System  
 2800 University Blvd, Suite 101  
 Birmingham, Al 35223