

Rural Northern California Simulation Center

Evaluation Form

SIMULATION DATE		START TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
PARTICIPANT / COLLEGE			
NURSING COURSE (IF APPLICABLE)		COURSE INSTRUCTOR	

Please rate your experience at the Rural Northern Simulation Center in the following areas:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
The objectives and expectations were made clear.	SA	A	N	D	SD	N/A
There was a satisfactory amount of instructor input.	SA	A	N	D	SD	N/A
The activity was logically organized.	SA	A	N	D	SD	N/A
The teaching session was long enough.	SA	A	N	D	SD	N/A
This teaching method was effective in contributing to the clinical goals.	SA	A	N	D	SD	N/A
The written materials were clear and understandable.	SA	A	N	D	SD	N/A
The equipment and supplies were adequate to enhance learning.	SA	A	N	D	SD	N/A
The scenario was applicable to clinical practice.	SA	A	N	D	SD	N/A
The group size enabled learning to occur.	SA	A	N	D	SD	N/A
Overall, I enjoyed this method of learning.	SA	A	N	D	SD	N/A

Please write in suggestions and comments below. What worked, what didn't work, and any suggested changes.

What specifically did you learn that you will use in your clinical practice?

Thank you for your feedback.

Please leave your completed form at the nurse's station.