



Capital Health

Placement Evaluation Form

Date: _____

Placement Area: _____

Discipline: _____

Name of Educational Institution/Employer: _____

Section A: Evaluation of Student/Learner Placement Service

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The information on the Student/Learner Placement Service website was helpful.	1	2	3	4
2. Staff were professional and helpful.	1	2	3	4
3. My request was processed in a timely manner.	1	2	3	4
4. The placement agreement I signed was easy to understand.	1	2	3	4
5. My security ID was obtained without difficulty.	1	2	3	4

Comments:

Section B: Evaluation of the placement area

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Adequate orientation to the placement area was provided.	1	2	3	4
2. Adequate resources were readily available throughout my placement.	1	2	3	4
3. I was encouraged to ask questions during my placement.	1	2	3	4
4. My questions were answered satisfactorily.	1	2	3	4
5. Any issues/problems were acknowledged and resolved appropriately.	1	2	3	4
6. The degree of responsibility given to me during this placement was appropriate.	1	2	3	4
7. Program objectives were met in the assigned placement area.	1	2	3	4
8. Personal objectives were met in the assigned placement area.	1	2	3	4
9. Adequate supervision was provided during my placement.	1	2	3	4
10. Overall, my learning experience was positive.	1	2	3	4

Comments: