

Date:

Name (optional):

Dear Resident/Student

Your opinion is very important to us. Please complete some or all of this very brief survey to help make PLC the best it can

PLC Site Evaluations

Please select your rating on a scale of 1 to 10 for each site visit

1 = NOT AT ALL VALUABLE and 10 = EXTREMELY VALUABLE

Orientation

Overall Rating

* XLGHG 'LVFXVLRQ

Overall Rating

2YHUDOOLQJ RI 3/& 5RWDWLRQ

2YHUDOO 5DWLQJ

Site Name

Overall Rating

Site Name

Overall Rating

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Overall Rating

A. What was your favorite site visit and why?

B. What was your least favorite site visit and why?

C. Do you feel the PLC rotation, including the site visits, changed the way you will care for children and families? If so, how?

D. What new skills do you think you will take with you from this rotation?

E.
Resource

-Pedia: List of Partners

0 times

1-5 times

6+ times

F. Please list any areas for improvement for PLC:

G. If you would like to keep in touch with us and stay informed of the great work that the Hoekelman Center is doing, please type your name below to receive our quarterly newsletter. Thank you!

Name