

Pediatric Elective Evaluation

Please complete the following evaluation of the Pediatric Elective you have just completed. This information will be compiled and shared with the instructor for the purpose of improving instruction. All names will be removed before being shared with the faculty.

This course evaluation is REQUIRED. Your grade will be withheld until the evaluation form is turned in. Please return to Janis Richardson, BG-2101B - 2nd Floor of the Dugas Building, as soon as you complete the rotation.

Name: _____ **Date:** _____

Elective #& Location: _____

Instructions: Please T	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The elective was well organized with structured learning activities.					
2. The informational content was appropriate for my level of training.					
3. The amount of work was appropriate for my level of training.					
4. This elective enabled me to practice procedural skills.					
5. This elective enhanced my problem solving ability in this specialty.					
6. The faculty shared responsibility for and a genuine interest in learning.					
7. I received feedback on my performance during the elective, i.e., strengths and weaknesses.					
8. I would recommend this elective to my classmates.					
9. What I liked BEST about this elective?					
10. What I liked LEAST about this elective?					

COMMENTS / SUGGESTIONS
