

Directions: Please complete this form anonymously and submit to Dot McColskey, at mccolskeyd@ufl.edu
Evaluations are not shared with practices or any individual(s) mentioned.

STUDENT INFORMATION OPTIONAL					
C/O: 20 ____	Offshore: <input type="checkbox"/> Ross <input type="checkbox"/> STG				
PRACTICE/LOCATION INFORMATION					
Practice/Location Name:					
Practice/Location Type:	<input type="checkbox"/> University <input type="checkbox"/> Private Practice <input type="checkbox"/> Shelter/Sanctuary <input type="checkbox"/> Zoo <input type="checkbox"/> Other: _____				
City/State:	Dates of Stay: ____/____/____ - ____/____/____				
RATING OF SUPERVISING VETERINARIAN (IF YOU HAD MORE THAN ONE SUPERVISING VETERINARIAN, PLEASE COMPLETE ADDITIONAL FORMS)					
NAME OF SUPERVISING VETERINARIAN: DR. _____					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Effectively oriented me to my responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me define and synthesize patient's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with direction and feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was available to assist me in my externship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed respect and concern for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulated my interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to think independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RATING OF LOCATION					
Facility is properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing provided was properly maintained and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EXPERIENCE					
I recommend this location to other students <input type="checkbox"/>					
I do not recommend this location to other students <input type="checkbox"/>					
EXPLANATION OF OVERALL EXPERIENCE					
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Date Submitted: ____/____/____					