

Directions: Please complete this form anonymously and submit to Melissa Pett, at melissacox@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	
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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

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
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

I do not recommend this location to other students

EXPLANATION OF OVERALL EXPERIENCE

Date Submitted: ____/____/____