

## STUDENT QUESTIONNAIRE

*This tool is effective at the beginning/mid-term and two weeks from completion of a clinical experience*

Name \_\_\_\_\_

1. What do you perceive as your clinical areas of strength?
2. What do you perceive as your areas needing further development?
3. Identify what areas you want to strengthen during your clinical experience here?
4. Describe special learning experiences you would like while here?
5. Do you prefer to learn .....
  - Under pressure with specifically defined goals and deadlines? \_\_\_\_\_
  - Under limited pressure with general goals and flexible deadlines? \_\_\_\_\_
  - In a relaxed atmosphere with minimal pressure? \_\_\_\_\_
6. Do you describe yourself as generally.....
  - Reserved \_\_\_\_\_
  - Outgoing \_\_\_\_\_
7. Do you prefer to receive feedback .....
  - Frequently when you are in a new situation and less frequently as you become more comfortable in that environment? \_\_\_\_\_
  - Frequently until I have mastered the particular skill, then infrequently? \_\_\_\_\_
  - Frequently, even after mastering a skill or becoming comfortable in an environment? \_\_\_\_\_
8. Do you like to.....
  - To be told exactly how tasks are expected to be done? \_\_\_\_\_
  - To be given choices of how you could do the tasks that are expected of you? \_\_\_\_\_
9. Do you like to be given challenges and many opportunities early in your clinical rotation?
10. What has been the most effective leaning experience to date?
11. What do you feel you need to focus on before you complete your rotation here?
12. What would you change about your clinical experience here?