



We Rebuild Lives.

Hospital for Special Care
School/Community Nurse Education Day
Evaluation Form

Directions: Please provide us with feedback about your experience at the School/Community Nurse Clinical Day at our facility. Use the rating scale below.

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

_____ 1. The content of the program met my personal objectives.

_____ 2. The content was relevant to my practice.

_____ 3. The environment was conducive to learning.

_____ 4. The instructor provided hands-on opportunities for learning.

5. What did you learn during this educational activity that you intend to apply to your school/community nurse practice?

6. What did you like the best about this educational activity?

7. What could be improved upon during this day?

Thank you for your feedback!