Evaluation: Student Evaluation of Fourth Year Elective v.2

Description: The primary purpose of this evaluation is to assess the quality of your experience and it may possibly be used for research. No identifiers that connect you to this evaluation form will be used for the purpose of research. By handing in this form, you will be consenting to let these evaluations be used for the purpose of research. If you do not want your evaluation used for the purpose of research, please contact Dr. Sebastian Alston @ 850-645-2908.

In addition, if you have any questions about your rights as a subject/participant in any research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice president for the Office of Research at 850-644-8633

Instructions: Members of the Senior Class...
Please complete all questions as accurately and thoughtfully as possible.

* indicates a response is required

*1. Elective:

*2. Date:

*3. Location:

*4. The quality of teaching in this elective was:
   - [ ] Excellent
   - [ ] Good
   - [ ] Average
   - [ ] Below Average
   - [ ] Poor

5. Comment:

*6. I gained valuable clinical experience and/or knowledge in this elective.
   - [ ] Strongly Agree
7. Comment:

*8. I would recommend this elective to other students.

   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

9. Comment: