

# Nursing Orientation Evaluation Form

CLASS Nursing Clinical Orientation

NAME OF TRAINER \_\_\_\_\_

DATE \_\_\_\_\_

Your feedback is very important. Please provide your thoughts and comments about the orientation program so we can continue to develop training that best suits your needs as well as those of future new team members. Thank you in advance for your opinions!

Using the following guide, please circle the appropriate number for each of the questions below:

Not at all		Somewhat		Completely
1	2	3	4	5
1. I have a good understanding of what is expected of me in my new role.				
1	2	3	4	5
2. I have a good understanding of culture change and person-centered care.				
1	2	3	4	5
3. Content was presented in an organized manner.				
1	2	3	4	5
4. Content was presented clearly and effectively.				
1	2	3	4	5
5. The presenter was responsive to questions/comments.				
1	2	3	4	5
6. Teaching aids/audiovisuals were used effectively.				
1	2	3	4	5
7. Teaching style was effective.				
1	2	3	4	5
8. Content met stated objectives.				
1	2	3	4	5
9. Content presented was applicable to my practice.				
1	2	3	4	5