

**APPENDIX C-5I: STUDENT EVALUATION FORM FOR HEALTH SERVICES
COORDINATOR/COLLEGE NURSE**



Modesto Junior College

Columbia College

YCCD Faculty Evaluation

Student Evaluation for Health Services Coordinator/Faculty Member

Coordinator/Faculty name	Date
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This information is confidential and your responses will be anonymous. Please reflect on your interaction with the Coordinator/Faculty Member named above then complete the form below.

CHECK THE BOX FOR THE PHRASE THAT MOST APPROPRIATELY COMPLETES THE SENTENCE or select “Does Not Apply” if you have no information on this item.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
1. I was comfortable approaching this nurse for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The nurse answered my questions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The nurse presented information in a way I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The nurse was knowledgeable about appropriate resources for satisfying my information needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The nurse was enthusiastic about Health Services and resources in the office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. As a result of my interaction with this nurse, I am more comfortable using Health Services resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The nurse taught me to find what I needed independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The nurse remained focused on me and my information needs throughout our interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was treated respectfully and professionally by this nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would ask this nurse for help in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
11. The nurse cared for my illness/injury in a competent and knowledgeable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The nurse made every attempt to maintain confidentiality during my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The nurse was knowledgeable about other community services I may need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The nurse was knowledgeable about the over the counter products offered in the health services office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS SECTION –

1. What do you believe the nurse did especially well in your interaction?

2. What might the nurse have done to enhance your Health Services experience?

3. Is there anything else you would like to add?