

Hill College
Department of Vocational Nursing
Student Evaluation/Attendance Verification

Facility: _____

Student: _____ Date: _____

Time in: _____ Time out: _____

Key 5 = Always 4 = Usually 3 = Sometimes 2 = Rarely 1 = Never 0 = Not Applicable

1. Arrived on time _____

2. Called in appropriately if absent..... _____

3. Maintained appropriate attire _____

4. Maintained appropriate behavior..... _____

5. Prioritized activities through time management and organizational skills _____

6. Maintained sterile and clean technique..... _____

7. Communicated effectively with patient, physician, staff, peers, and faculty..... _____

8. Observed/performed various assessments as allowed by facility/college policy _____

9. Comments on the students rotation:

Print Evaluator Name/Title

Signature of Evaluator

Student Signature

Note: This is the only form that will be accepted by the Nursing Department as proof of attendance for any clinical rotations attended by a Hill College Nursing Student. It is the students' responsibility to make copies and have them during assigned clinical days. The student must return this form to their clinical instructor by 8:00 am on the following day. If the student does not turn in this form, he/she will receive a full clinical day absence until returned. NO, photocopied evaluator signatures allowed.