

Student Training Review

Please complete this short review at the end of your clinical experience with us.

We'd love your feedback! Your honest thoughts help us improve the training experience for future students. Please print and complete this form on your last day, and leave it with the front desk or your supervisor.

YOUR INFORMATION

Name (optional)

Program / Role

Training Dates (Start - End)

Supervisor / Preceptor

RATE YOUR EXPERIENCE

For each item, circle one rating: 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Overall training experience

1	2	3	4	5
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Preceptor / staff mentorship & support

1	2	3	4	5
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Variety of clinical exposure & learning opportunities

1	2	3	4	5
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Communication and support from the office team

1	2	3	4	5
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Would you recommend this site to other students?

1	2	3	4	5
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IN YOUR OWN WORDS

What did you find most valuable about your training here?

What could we do better for future students?

Any other comments?

PERMISSION

- ☐ Yes, you may share my feedback (e.g. on your website or with future students)
- ☐ No, please keep my feedback private

Signature (optional)

Date

Thank you for training with Access Family Care, LLC — we wish you the very best in your career!