

**NURSING MINI-FELLOWSHIP TRAINING PROGRAM
 EVALUATION**

Dates attended: _____ Discipline: _____

Please evaluate your mini-fellowship experience. Please rate on a basis of one (1) to five (5).

Rating Scale: 1 = Poor 2 = Marginal 3 = Neutral 4 = Good 5 = Excellent	
1. Variety of material	1 2 3 4 5
2. Quality of teaching	1 2 3 4 5
3. Availability of staff/preceptor	1 2 3 4 5
4. Training applicable to my duties/practice	1 2 3 4 5
5. Length of time required by this mini-fellowship	1 2 3 4 5
6. Outpatient Clinic Experience at SAMHD City Chest Clinic	1 2 3 4 5
7. Meeting Room and Facilities	1 2 3 4 5
8. Application Process	1 2 3 4 5
9. Overall, I would rate this mini-fellowship as.....	1 2 3 4 5

Please answer the following:

What did you like most about this mini-fellowship?

What did you like least about this mini-fellowship?

List two ways you will integrate what you learned in this activity into your practice and/or employment environment.

Program Comments/Suggestions: