

BIO-PSYCOSOCIAL PERSPECTIVE ON DOMESTIC VIOLENCE
Fourth Year Medical Student Elective

Community Agency Evaluation By Student

Student Name _____ **Date of Attendance** _____

Medical School _____

Please circle the choice that reflects your evaluation of the experience.
 5=Strongly Agree, 4= Agree, 3=Unsure, 2=Disagree, 1= Strongly Disagree Does not apply=na

Agency _____

Presentation of goals and objectives were clear.	5	4	3	2	1	na
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Presentation of content was logical, organized and sequenced.	5	4	3	2	1	na
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The time frame was sufficient.	5	4	3	2	1	na
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Information provided was current.	5	4	3	2	1	na
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Handouts, visual aids and materials support the experience.	5	4	3	2	1	na
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The facilitator was knowledgeable on the subject matter.	5	4	3	2	1	na
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The facilitator was well organized.	5	4	3	2	1	na
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This experience will be beneficial in my practice.	5	4	3	2	1	na
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Please check (x) your overall rating of this experience.

___Excellent ___Good ___Fair ___Poor ___Did not apply

Comments _____

Suggestions for improvement _____

THANK YOU