

**Tyler Junior College
Diagnostic Medical Sonography Program
Evaluation of Student Volunteer Experience**

The following evaluation will be completed by the appropriate staff/personnel of the student's clinical experience.

1. Strongly Disagree
2. Disagree Somewhat
3. Agrees Somewhat
4. Agree
5. Strongly Agree

DMS Program
Facility : _____
Student Name: _____
Evaluator: _____
Date: _____

Evaluation Criteria	Evaluation rating	Comments
1. Student arrived promptly as scheduled.		
2. Student was courteous and receptive to information pertaining to the facility.		
3. Student used Standard Precautions during the experience.		
4. Student orientation was completed prior to the experience (if applicable.)		
5. Student introduced self to patients, or was introduced by the staff, and was received favorably by the patients and facility staff.		
6. The student was professional in attitude and appearance.		
7. Student was helpful, asked questions and spent time appropriately while at facility.		

Evaluation form to be returned to the student in a sealed envelope. It is the student's responsibility to enclose this evaluation in the DMS application packet by May 25th.

Evaluators Signature _____