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|  | **RESIDENCY FORMS** |

**SCHOOL OF HEALTH ADMINISTRATION**

Faculty of Health Professions

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N***ote: Forms can be downloaded in Word format at*** [***dal.ca/sha***](http://www.dal.ca/sha)

**STUDENT EVALUATION FORM**

**Student Name**

**Agency/Organization**

**Preceptor Name and Title**

**Purpose:** *The intent of this evaluation form is to provide the School of Health Administration Director and future MHA students, with information on past Residency experiences.*

**Instructions:** The student is expected to complete and sign the evaluation form, indicating whether the information can be shared with future students.

1. Overall, was your Residency placement a positive experience? What were some of the main contributors to your overall experience?
2. List the title of your position and the main functions and projects which you performed/completed during your Residency placement.
3. What competencies were necessary for you to attain *prior to* your Residency, for you to perform well in your Residency?

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|  | **STUDENT RESIDENCY FORM CONTINUED** |

1. What NCHL competencies did you gain *during* your Residency?
2. Describe your IPHE 5900 collaborative learning during your Residency?

 *Collaborative learning during your Residency is necessary for successful completion of your required IPHE 5900 course. If collaborative learning did not occur, alternative arrangements for successful collaborative learning will be required prior to graduation.*

1. Why would/wouldn’t you recommend this preceptor to another student completing a Residency with this organization?
2. Why would/wouldn’t you recommend this organization to another student seeking a Residency placement in the future?

VIII. Additional comments**:**

Date:

Signed: (*Student*)

I agree to make this evaluation available for future students: Yes No

Date:

Signed: (*Residency Coordinator*)