Student Name ___________________________________________

Please rate the overall performance of the nursing student.

<table>
<thead>
<tr>
<th>Rate Scale: 1 (Least)</th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mentor assisted you to perform physical assessment skills.</td>
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<td>2. Mentor assisted you to perform nursing skills, related to oncology treatments.</td>
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<td>3. Mentor helped you to gain an understanding of nursing care as it relates to chemotherapy and radiation patients.</td>
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<td>4. Mentor demonstrated an appropriate level of interest in making the rotation a successful learning experience.</td>
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<td>5. Were able to interact patients during rotation.</td>
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<td>6. Please rate the overall experience received during this rotation.</td>
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<td>7. Please rate the degree of actual knowledge in this field that you acquired.</td>
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</tbody>
</table>

Evaluator
Comments:

Diedre Pollock-Blevins
Office: 355-6493
Cell: 580-5712
8/08