

FACULTY EVALUATION OF CLINICAL AGENCY (Form L)

Completed in Project Concert

Course: <all clinical="" courses=""></all>	Clinical Agency:
Date:	Unit(s) Assigned:

Below are statements to evaluate the clinical agency to which you were assigned. Thank you for your anonymous, constructive feedback and comments. Please rank each item based on the criteria below. Please provide specific examples for those items for which you responded "Disagree" or "Strongly Disagree":

Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree