

San Jose Evergreen Community College District
Student Evaluation Form For Health Services Faculty

About the Nurse:

1. Made efforts to help me.
2. Assisted me with my individual needs.
3. Was sensitive to my health situation.
4. Seemed attentive to me as an individual.
5. Assisted me in clarifying my questions and/or treatment.
6. Answered my questions.
7. Helped me to identify the steps to reach my goals.
8. Provided me with information about my health related issues.
9. Referred me to other campus resources and/or provided education.
10. Referred me to other resources off campus.
11. Treated me fairly with respect to age, gender, disability, nationality, race, religion, and sexual orientation.

Name of Nurse _____

Date/Time of appointment _____

Comments:

1. What did the nurse do particularly well?
2. What could have made your visit more helpful?