

**ANGELO STATE UNIVERSITY  
DEPARTMENT OF NURSING  
Course Evaluation Summary**

**Course Number & Title:**

**Instructors:**

**Semester:**

**Number of Students:**

**Text Used:**

**Comments:**

**Papers Required:**

**Comments:**

**Examinations:**

**Comments:**

**Other Requirements:**

**Course Rating:**

**Comments:**

<b>Grades:</b>
A's –
B's –
C's –
D's-
F's-
I's –
W's –

**Student Clinical Performance:**

Self Evaluations (percentage of students self scoring at “4” or “5”)

Preceptor Evaluation of Student Clinical performance (% of students achieving C.O. at 3 [average] or above)

**Evaluation of Clinical Facility/Preceptor by Students and Faculty** (Summarize agencies utilized, student evaluation, issues identified and any recommendations)

**These facilities were satisfactory for students to meet learning objectives:**      **Yes**      **No**      (If no, describe)

**Summarize Course Strengths:**

**Clinical:**

**Summarize Course Weaknesses:**

**Clinical:**

**Summarize Course Recommendations:**

**SUBMITTED BY:**