St. John Fisher College
Wegmans School of Nursing
NURS 421: Community Clinical
Site Visitor Evaluation Form

Student Name:_____

Community /On-campus Visit: _____

Community RN Name: _____

Site Visit #1 Date of Visit: _____ Length of Visit: _____ Student Hours Completed: _____ Client contact: _____ Timeliness:_____ Uniform/Professional Dress/ID: _____ Documentation: _____ Skills (please list): _____ _____ _____ _____ _____ Safety: _____ Knowledge of clients (clear, unclear, lacking): _____ _____	**Comments:** (Documentation, Communication, Initiative, Accountability in Practice, Safety…) Site Visitor Signature:_____
Site Visit #2 Date of Visit: _____ Length of Visit: _____ Student Hours Completed: _____ Client Contact: _____ Timeliness:_____ Uniform/Professional Dress/ID:_____ Documentation: _____ Skills (please list): _____ _____ _____ _____ _____ Safety: _____ Knowledge of clients (clear, unclear, lacking): _____ _____	**Comments:** (Documentation, Communication, Initiative, Accountability in Practice, Safety…) Site Visitor Signature:_____