






Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate. Please choose one of the following four forms which you feel is appropriate for your patient/carer/service user

Form 1

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.

Tick if you are:	The Patient/Service User		Carer/Relative		
How happy were you with the way the student nurse...	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
...cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did the student nurse do well?

What could the student nurse have done differently?

Practice Supervisor/Practice Assessor:

Name:

Signature:

Date:

Student Name:

Signature:

Date: