



**HUTCHINSON**  
REGIONAL MEDICAL CENTER

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**Student Evaluation of Standardized Orientation**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Approximately how much time did you spend completing the Standardized Orientation for Students?

\_\_\_\_\_

What content did you find most helpful?

\_\_\_\_\_

What content did you find least helpful?

\_\_\_\_\_

Where you able to access the "links" referenced in the material?

\_\_\_\_\_

Were you able to identify resources to assist with any questions you have?

\_\_\_\_\_

If you could change any part of this orientation program, what would you change?

\_\_\_\_\_

Additional Comments:

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Following completion of this form, please submit it to your faculty.