**Handi-Care Intl.’s Post Volunteer Placement Evaluation Form**

**Date :**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many weeks was your volunteer placement at ASSA. Give beginning and ending dates as well.
3. Did you feel your placement was an appropriate length of time (i.e. would you recommend a longer or shorter placement)? Please explain.

**Clinical Experience**

1. What was the focus area of your volunteer placement at ASSA
2. Please describe your responsibilities. What did you participate in?
3. What new skills did you acquire through this experience? What did you learn?
4. How wold you rate your clinical experience as compared to other rotations you have had during your training (10 best, 1 worst)?

 1 2 3 4 6 7 8 9 10

**Living Experience / Accommodations**

1. How would you rate your experience of staying on the ASSA campus (1 worst, 10 best)?

 1 2 3 4 6 7 8 9 10

1. What aspects did you enjoy the most about staying on the ASSA campus?
2. What aspects could be changed in order to improve your experience of staying at ASSA?
3. Please give your overall comments about your experience. Would you recommend this placement to others?