Genesee County Office for the Aging

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PAMELA WHITMORE
Director

Dear Participant:

I would like to take this opportunity to thank you for your participation with the Genesee Community College Geriatric Clinical Rotation. In order to assess the program, we would like all participants to complete a short evaluation and return it in the provided addressed stamped envelope.

Nursing Student's Name: _____

Yes	No	
☐	☐	1. Did the student identify themselves and show you their GCC issued ID?
☐	☐	2. Did the student clearly explain the purpose of their visits?
☐	☐	3. Did you feel the student took time to understand who you are as a person?
☐	☐	4. Do you feel that the student treated you with respect and was non-judgmental towards you?
☐	☐	5. Did the student give you adequate time to answer and comment during the interview?
☐	☐	6. Did you feel that information provided to you by the GCC Nursing Student was directly related to you and/or your situation?
☐	☐	7. Do you feel that the student addressed any questions or concerns that you asked of them?
☐	☐	8. Do you feel that you had the opportunity to actively participate during these sessions with the student?
☐	☐	9. Do you feel that the information provided by the student was useful?
☐	☐	10. Did the student inform you of any available community resources?
☐	☐	11. Did you learn something about yourself or resources that you did not know about before?

Would you like someone from the Office for the Aging to contact you about further questions/problems? If so, please provide the following information:

Name:_____ Phone:_____

Date: _____
Thank you for your time!

Mission Statement:
Genesee County Office for the Aging

It is the mission of the Genesee County Office for the Aging to provide information, support, and advocacy to our residents 60 years of age and older, their caregivers, and disabled persons of all ages. Our aim is to promote their independence and improve their quality of life.