

**12) \* Name of Pharmacist Facilitator at your experiential learning site:**

\* Facilitator

**13) \* EL activity attended**

**14) Were you in contact with your EL facilitator prior to commencing your EL?**

- Yes – My EL facilitator contacted me
- Yes – I contacted my EL facilitator
- No

**15) \* Did your facilitator email you the pre-EL communication form prior to your EL placement?**

- Yes
- No

**Facilitator support**

**For the following two questions please consider the following for your responses relating to facilitator support during your EL.**

- **How the facilitator communicated with you prior to EL.**
- **Was there a plan in place for your EL**
- **Were you involved in the development of the plan?**
- **Did the plan support your learning outcomes?**
- **How did the facilitator support you to achieve your learning outcomes?**
- **Did the facilitator provide feedback throughout your EL to aid your development for future EL?**
- **Was there anything your facilitator could have done better to support your learning?**

**16) \* Please let us know about the support you received from your Facilitator(s)**

	Strongly Agree	Agree	Disagree	Strongly Disagree
My facilitator(s) were helpful and supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17) \* Please comment on the support you received from your facilitator during your experiential learning**

**Staff/Team support**

For the following two questions please consider the following for your responses relating to support you received from the pharmacy team, other than your facilitator(s) during EL.

- Did the pharmacy team make you feel welcome & supported during your time on EL?
- Was there anything the pharmacy team did well to support you during EL?

18) \* Please let us know about the support you received from staff, other than your facilitator(s) at your experiential learning site

Strongly Agree    Agree    Disagree    Strongly Disagree

The staff at the training site were helpful and supportive               

19) \* Please comment on the support you received from staff, other than your facilitator(s) during your experiential learning.

**Suitability of your experiential learning site**

For the following two questions please consider the following for your responses relating to the suitability of the EL site to host a student pharmacist.

- Working environment for example workspace/resources available
- Availability of learning opportunities relating to your year of study
- Availability of patient contact opportunities to meet your learning outcomes

20) \* Please let us know about the facilities at your experiential learning site

Strongly Agree    Agree    Disagree    Strongly Disagree

Strongly  
Agree    Agree    Disagree    Strongly  
Disagree

The training site was suitably equipped for experiential learning

          

**21) \* Please comment on the suitability of the EL site to host a student pharmacist**

Please provide an overall rating for the experiential learning site in terms of providing sufficient learning opportunities, experience and support to you during your experiential learning

**22) \* How would you rate your experiential learning site overall?**

Excellent    Good    Adequate    Poor

OVERALL RATING

          

**23) \* Would you recommend this training site to a fellow student pharmacist?**

Yes     No

**24) \* Please comment on your ratings and experience overall and provide at least one detail of something the experiential learning site is doing well and one improvement that could be made for future experiential learning.**

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