

**Kiang Wu Nursing College of Macau  
Bachelor of Science in Nursing Program  
Clinical Exchange Evaluation Form**

Name of Institute : \_\_\_\_\_

Department : \_\_\_\_\_

Date : \_\_\_\_\_ (                  Days )

Names of student(s) :

\_\_\_\_\_

\_\_\_\_\_

Please fill in the following table according to students' performances :

<p>Overall performances :</p>          <p>Professional competences ( Knowledge, skills, nursing care, critical thinking, etc )</p>          <p>Professional attitude ( Caring, communication, collaboration, values, conduct, personal qualities, etc. )</p>          <p>Other comments :</p>          
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Clinical Instructor's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Thank you very much for your instruction and sharing with our students!**