School of Diagnostic Imaging
Cleveland Clinic
Radiologic Technology Program

Clinical Instructor Response to Student Survey of Clinical Experience

Any highlighted areas scoring a two or below need to be addressed with your students in an effort to resolve any problems within a timely fashion. Please return form to the School of Diagnostic Imaging upon completion.

Clinical Site: _____

Group: _____

Quarter: _____

Year: _____

Meeting Comments: _____

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