Dear Dr.(Dr.’s name),

I would greatly appreciate if you could fill out my shift evaluation.

Name: (Add your name here, paste a picture below)

Date/time:

Area:

Procedures: ie( Abdominal pain, chest pain, EKG Prep, Ultrasound etc.)

**Instructions for Evaluator:** In an effort to evaluate our students and improve the evaluation process we have created an online form. Please click the link below and complete the student evaluation post shift.

**Evaluation Link:** [https://goo.gl/forms/LR1C64OmmEzxvklh1](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoo.gl%2Fforms%2FLR1C64OmmEzxvklh1&data=02%7C01%7CTiesha.Saunders%40downstate.edu%7Cd43d1c1ab95947d9cb4808d6436a4475%7C22670793760f482993153e427c362e69%7C0%7C0%7C636770521028471296&sdata=fWroCtez%2FqN4yonXlpgdz1G%2B22g0JYpoU3Yid7f1olk%3D&reserved=0)