Stephen F. Austin State University
DeWitt School of Nursing
Summary of Instructor's Evaluation of Clinical Agency
Form 95-B
Academic Year Review

Course Name: ____________________________________________ Shift: ___________

Academic Year: _______ Instructor: ____________________________________________

1. Please List all the Agency(s) and the Unit(s) your students completed their clinical rotation for
the current academic year.

2. [ ] On the agency(s) and unit(s) listed above, I have marked the 13 statements on Form 95A as
Complies (100%-85%) or Partially Complies (84%-70%). I have reviewed these 13 statements
and there are no revisions.

3. [ ] On the agency(s) and unit(s) listed below, I marked some of the 13 statements on Form
95A as Does Not Comply (<70%). I have indicated the appropriate PLO on Form 95A with the
adjacent statement on the completed the “Action Plan” Form 38C to address the deficiency and
made the necessary recommendations.

4. [ ] Action Plan Form 38C is attached.