[](http://www.google.com/imgres?imgurl=http://occupations.phillipmartin.info/nurse_patient.gif&imgrefurl=http://occupations.phillipmartin.info/occupations_nurse.html&usg=__Q90gNS9cz4HvMH8Vah2uyFY7mPQ=&h=648&w=565&sz=68&hl=en&start=46&zoom=1&tbnid=8YKcm6ZLaSCjcM:&tbnh=137&tbnw=119&ei=--S4UJiiJIbK0AHJvoHwAw&prev=/search?q=Nursing+Student+Clip+Art&start=40&hl=en&safe=active&sa=N&rlz=1T4ADRA_enUS355US355&gbv=2&tbm=isch&itbs=1)



[](http://www.google.com/imgres?imgurl=http://1.bp.blogspot.com/-qRhkTs-_rJ8/ThszsmtJLGI/AAAAAAAABQM/65MCDjlc2WA/s1600/nurse.jpg&imgrefurl=http://uaf-ambassadors.blogspot.com/2011/07/nursing.html&usg=__F_Kx0DqFOWW4cAr2mFkOMTsOGgQ=&h=500&w=369&sz=49&hl=en&start=15&zoom=1&tbnid=aec1IzNoSVMn_M:&tbnh=130&tbnw=96&ei=3-S4ULHZA-220QH7o4CgDg&prev=/search?q=Nursing+Student+Clip+Art&hl=en&safe=active&rlz=1T4ADRA_enUS355US355&gbv=2&tbm=isch&itbs=1)

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| **FORM: SCH # 02** | | **Main Street Campus Instructor Student Survey** | | | | | | | |  | | | | |
| **In an effort to help improve our students on campus experience, please assist us by completing this survey.**  **INSTRUCTIONS:** Please complete **one form for each class/semester that you will have students on hospital campus** and **return electronically** to John Schmelzinger, Supervisor Security Parking and Switchboard at [jschmelzinger@chsbuffalo.org](mailto:jschmelzinger@chsbuffalo.org%20) , by fax (862-2056) or by mail (Sisters Hospital, 2157 Main Street, Buffalo, New York 14214). When entering information on this form electronically, use the “TAB KEY” which will take you to each field that information is required. Click the left side of your mouse to enter a check mark in a check box. For questions or assistance  with completing this form, please contact Kathy at (716) 862-1407. Thank you for your participation. | | | | | | | | | | | | | | |
| **Date**: | **School:** | | | **Mailing Address:** | | | | | | | | | | |
| **Primary Contact:** | | | **Title:** | | | | | | **Phone #** | | | **Email:** | | |
| **Secondary Contact:** | | | **Title:** | | | | | | **Phone #** | | | **Email:** | | |
| List type of clinical rotation: | | | | | | | | | | | | | | |
| Total clinical rotations per school semester | | | | | | Total clinical rotations per school year | | | | | | | | |
| Length of each on-campus clinical rotation | | | | | | | | | | | | | | |
| **Daily Student Information** | | | **Sunday** | | **Monday** | | **Tuesday** | **Wednesday** | | | **Thursday** | | **Friday** | **Saturday** |
| Please check the day(s) students on campus | | |  | |  | |  |  | | |  | |  |  |
| Hours on hospital campus (i.e. 7a-3p) | | |  | |  | |  |  | | |  | |  |  |
| Total number of students on hospital campus | | |  | |  | |  |  | | |  | |  |  |
| Total number of instructors on hospital campus | | |  | |  | |  |  | | |  | |  |  |
| Comments: | | | | | | | | | | | | | | |

Updated: 8/20/21