

**Widener University  
School of Nursing**

***Doctor of Nursing Practice Program***  
**Clinical Site Visit Form**

Facility \_\_\_\_\_  
Student \_\_\_\_\_  
Faculty: \_\_\_\_\_  
Date: \_\_\_\_\_

**Based on this site visit to what extent does this site facilitate achievement of expected program outcomes on a scale on 1 to 5, 1 low and 5 high?**

**Please comment on the visit:**

	1	2	3	4	5
<b>Scientific Foundations</b>					
<b>Leadership</b>					
<b>Quality</b>					
<b>Practice Inquiry</b>					
<b>Technology &amp; Information Literacy</b>					
<b>Policy</b>					
<b>Health Delivery System</b>					
<b>Ethics</b>					

**Should this site if available be used in the future? Yes, No  
If not why not:**

**What preceptor development can be employed to improve this clinical site to meet program outcomes?**

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_