

Form Dated: March 2013

Department of Radiology Visitors Program Evaluation

*Please help us to ensure the quality of our Visitors Program by completing the evaluation below.
Thank you!*

How would you rate the following:

	1=Poor	2	3	4	5=Excellent
3D Equipment Resources					
Relevance of Training					
Learning Environment					
Pre-Arrival Application Process					
Post-Arrival Process					
Learning objectives met?					
Other _____					

Would you recommend this program to a colleague? Yes No

What did you like best about your fellowship?

Any suggestions for improvement?

Comments:

Please return this form to:

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Fax: 650-724-5791**

Or scan/e-mail to lwinston@stanford.edu