


Preceptor Evaluation Form

	Student Name	Date	Shift Times
			Begin:
	Preceptor Name	Location	End:
			Total:

Student instructions: Complete this form after each field internship shift. Return the form to the course instructor within ten days. Rate the preceptor using the following scale.

Evaluation the preceptor using the following guidelines:		
Grading Scale	Definition	
5	Excellent	Displays commendable preceptor behavior/skills. Fosters atmosphere conducive to learning.
4	Good	Most always displays good preceptor behavior/skills. Promotes learning most of the time.
3	Acceptable	Adequate preceptor behavior/skills. Generally supportive of student learning.
2	Fair	Rarely displayed desirable behavior/skills. Generally does not promote student learning.
1	Unacceptable	Displays poor preceptor behavior/skills. Actions not supportive of student learning.

Evaluation: Circle the rating for each item.

Preceptor

- | | | | | | |
|---|---|---|---|---|---|
| 1. Did you find the preceptor helpful? | 1 | 2 | 3 | 4 | 5 |
| 2. Did the preceptor demonstrate expertise and knowledge? | 1 | 2 | 3 | 4 | 5 |
| 3. Did the preceptor supervise and intervene appropriately? | 1 | 2 | 3 | 4 | 5 |
| 4. Did the preceptor demonstrate practical application of skills and problem solving? | 1 | 2 | 3 | 4 | 5 |
| 5. Did the preceptor demonstrate respect for the student and coworkers? | 1 | 2 | 3 | 4 | 5 |
| 6. Rate your overall impression of the preceptor. | 1 | 2 | 3 | 4 | 5 |

Comments: _____

Clinical Site

- | | | | | | |
|---|---|---|---|---|---|
| 1. Did you find the clinical site to support an atmosphere conducive to learning? | 1 | 2 | 3 | 4 | 5 |
| 2. Rate your overall impression of the clinical site. | 1 | 2 | 3 | 4 | 5 |

Comments: _____

Other Student Comments

Student Signature:

Date: