

PRECEPTOR EVALUATION FORM

CENTRAL SHENANDOAH EMS COUNCIL	Student Name	Course <input type="checkbox"/> EMT-E <input type="checkbox"/> EMT-I	Date [MM/DD/YY]	Type: <input type="checkbox"/> EMS <input type="checkbox"/> ED <input type="checkbox"/> OR <input type="checkbox"/> ICU <input type="checkbox"/> OB <input type="checkbox"/> PED <input type="checkbox"/> PSYCH	Shift Times (HH:MM)
	Preceptor Name		Location		Begin:
					End:
				Total:	

Student Instructions: Complete this form after each field or clinical internship shift. Return the form to the course instructor within ten (10) days. Rate the preceptor using the following scale.

Evaluate 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 are 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? | 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. Did you encounter a patient population appropriate to the rotation (male vs. female, adult vs. pediatric, medical vs. trauma complaints)? | 1 | 2 | 3 | 4 | 5 |

Comments: _____

Other Student Comments
Comments: _____ _____ _____ _____

Student Signature: _____	Date: _____
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