

## EMT Student Evaluation of Clinical Site

*Please complete one (1) evaluation form for each clinical day.*

|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| <b>Clinical Site Location:</b> _____ <b>Preceptor:</b> _____                        |          |          |          |          |          |
| <b>Student Completing Evaluation:</b> _____ <b>Date of Clinical:</b> ___/___/___    |          |          |          |          |          |
| <b>QUALITY: 1-5, with 5 being excellent</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 1. The clinical site promoted good patient care                                     |          |          |          |          |          |
| 2. Equipment use was demonstrated prior to use                                      |          |          |          |          |          |
| 3. Creates atmosphere receptive to questions  |          |          |          |          |          |
| 4. Preceptor demonstrated willingness to work with students                         |          |          |          |          |          |
| 6. My clinical experience made me feel more ready to work in the field.             |          |          |          |          |          |
| 7. The preceptor/crews I interacted with gave me a good outlook on EMS as a career. |          |          |          |          |          |
| 8. The preceptor/crew interacted with me.   |          |          |          |          |          |
| 9. I was advised of emergency procedures prior to the start of the clinical.        |          |          |          |          |          |
| 10. My overall experience at this clinical site was:                                |          |          |          |          |          |

Please return this form along with your clinical paperwork to your instructor.

**If there was an issue with the clinical site that negatively affected your experience, please document it on the back of this form.**

**Issue that affected my clinical experience in a negative way:** \_\_\_\_\_



**EMT Student Evaluation of Clinical Site**

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Action that I would like to see: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Student

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

OFFICE USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

BY WHOM: \_\_\_\_\_

Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewer's Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

REMEDATION NEEDED OR CLINICAL ISSUE? \_\_\_\_\_

Student Notified? Yes \_\_\_ No \_\_\_ Clinical Site/Coordinator Notified: Yes \_\_\_ No \_\_\_

OUTCOME7: \_\_\_\_\_

