

Clinical/Field Internship Preceptor Evaluation

Student: _____

Date: ____ / ____ / ____

Time In: ____ : ____ Time Out: ____ : ____

Total Hours: _____ Hours

Clinical Location:

Unit Number: _____

<input type="checkbox"/> _____ Co. EMS <input type="checkbox"/> Med-Trust <input type="checkbox"/> Roper LifeLink <input type="checkbox"/> Shoreline	<input type="checkbox"/> FMT Ambulance <input type="checkbox"/> Personal Care <input type="checkbox"/> Other _____
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Preceptor: _____
(Print name)

Title: _____

PART 2 - COMPLETED BY PRECEPTOR

Please rate the student on a 5 point scale for each of the following categories and return in the provided envelope:

Ability to Perform Skills

- Outstanding 5 Proficiently accomplishes skills independently
- 4 Proficient and needs minimal supervision
- 3 Proficient but requires supervision
- 2 Performs skill but needs more practice
- Poor 1 Unable to perform skill, needs multiple attempts

Motivation

- Outstanding 5 Seeks out learning opportunities
- 4 Motivated, shows initiative
- 3 Motivated only when asked
- 2 Lacks motivation, needs prompted
- Poor 1 Not interested even when asked

Appearance

- Outstanding 5 Very professional appearance and complies
- 4 Complies with dress code, has all equipment
- 3 Dressed but untidy or inappropriate
- 2 Complies with dress code but lacks equipment
- Poor 1 Lacks proper dress and/or equipment

Timeliness

- Outstanding 5 Arrives early, stays late and completes clinical
- 4 Arrives on time and completes entire clinical
- 3 Completes clinical but too many breaks
- 2 Arrives late or leaves early
- Poor 1 No call, no show

Knowledge

- Outstanding 5 Thorough understanding, still seeks to learn
- 4 Demonstrates thorough understanding of subject
- 3 Basic understanding and asks questions
- 2 Lacks understanding but asks questions
- Poor 1 Lacks understanding, does not seek to learn

Attitude and Behavior

- Outstanding 5 Excellent attitude with both staff and patients
- 4 Professional with staff and patients
- 3 Attempts to relate but lacks confidence
- 2 Lacks ability to relate to staff and patients
- Poor 1 Unacceptable behavior or attitude

Preceptor Comments: _____

Preceptor Signature: _____

Date: ____ / ____ / ____

Clinical/Field Internship Preceptor Evaluation

Administrative Review Completed On: _____ / _____ / _____

EMS/Fire Coordinator's or Clinical Coordinator's Signature

- Reviewed
- Discussed with student
- Randomly Selected for review
- Other: _____