

PRECEPTOR EVALUATION FORM

CENTRAL SHENANDOAH EMS COUNCIL	PRECEPTOR NAME:	SHIFT DATE:	CLINICAL LOC :	COURSE:
	STUDENT NAME:	START TIME:	STOP TIME:	TOTAL TIME:

STUDENT INSTRUCTIONS: COMPLETE THIS FORM AFTER EACH REGIONAL PRECEPTOR PROGRAM 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

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|---|---|---|---|---|---|
| 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 |
| 4. RATE YOUR OVERALL IMPRESSION OF THE PRECEPTOR. | 1 | 2 | 3 | 4 | 5 |

COMMENTS: _____

PRECEPTOR PROGRAM

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| 1. WERE THE FORMS AND EVALUATION GUIDELINES ADEQUATE? | 1 | 2 | 3 | 4 | 5 |
| 2. DID YOU FIND THE COMPETENCY AND POINT SYSTEMS FAIR AND ADEQUATE? | 1 | 2 | 3 | 4 | 5 |
| 3. RATE YOUR OVERALL IMPRESSION OF THE PRECEPTOR PROGRAM. | 1 | 2 | 3 | 4 | 5 |

COMMENTS: _____

OTHER STUDENT COMMENTS

COMMENTS: _____

STUDENT SIGNATURE:	DATE:
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