EMS Program
Student Evaluation of Clinical Preceptor

Personal Information

A. Name of Clinical Preceptor.

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B. Name of clinical rotation (ie: ER, OR), site, and date.

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	Evaluation Category	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Encouraged independent thinking and learning				
2	Was approachable or available to the student when interaction was needed				
3	Treated the student with respect				
4	Served as a role model for professional prehospital care				
5	Evaluated the student in an objective, fair, and impartial manner				
6	Identified individual learning needs of the student				
7	Assisted student to cope with excessive stress or emotionally painful situations *(if applicable)*				
8	Provided written and verbal feedback to students regarding strengths and weaknesses				
9	Provided an orientation period for the student in the clinical area				
10	Facilitated communication with the facility staff and patient systems				
11	Clarified expectations of student clinical performance at start of rotation as needed				
12	Provided supportive opportunities for the student to demonstrate essential skills and knowledge				
13	Structured opportunities for students to apply problem solving skills when providing patient care.				
14	Helped student relate clinical experience with classroom theory				
		4	**3**	**2**	**1**

IF YOU EVALUATE YOUR PRECEPTOR AS *"DISAGREE/STRONGLY DISAGREE"* IN ANY CATEGORY, <u>YOU MUST EXPLAIN WHY BELOW</u>: