

**Undergraduate Student Evaluation of Preceptor**

Student Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Course Number: \_\_\_\_\_

**Directions:** Please rate the Preceptor as satisfactory or unsatisfactory for the following objectives:  
Satisfactory=S Unsatisfactory=U

| Objectives  | S/U | Comments |
|---|-----|----------|
| Was available to meet required clinical hours.  |     |          |
| Facilitated student achievement of clinical goals.  |     |          |
| Effectively communicated to foster development of student's skills and knowledge base.                |     |          |
| Provided a variety of activities that challenged the student's professional and clinical development. |     |          |
| Provided timely feedback to the student regarding clinical performance.                               |     |          |
| Modeled professional interpersonal relationship skills.   |     |          |

Additional Comments:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_