

Date:		
Student's Name:		
Preceptor's Name:		
Sita		
Site:		
Address:		
City:		State:
DI.		
Phone:	_ Fax:	

MSN/FNP Student Evaluation of Preceptor

Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the preceptorship experience in the future.

- 1. Rarely
- 2. Sometimes
- 3. Frequently
- 4. Always

N/A = Not able to evaluate

ATTITUDES, INTERPERSONAL SKILLS

My Preceptor as a Practitioner:	1	2	3	4	N/A
Was acutely aware of the concerns of patients and their families					
Demonstrated an ease of communication with both patients and their families					
Was involved in community oriented activities					
Respected different opinions					
Was up-to-date in general approach and treatment of medical problems					
Was up-to-date in general approach management of nursing problems					
Managed the clinical practice efficiently					

ATTITUDES, INTERPERSONAL SKILLS

My Preceptor as an Instructor:	1	2	3	4	N/A
Was enthusiastic about teaching and having me as a student					
Was available to me					
Established a working relationship with me based on trust and respect					
Allowed me ample opportunity for practicing newly learned technical skills, i.e., EKGs, physicals, and x-rays					
Stimulated my problem solving capabilities by asking probing questions					
Maintained an approachable teaching atmosphere					
Explained to me the approach to problems that was used and the reasons decisions were made					
Elicited my perception of what I should learn					
Encouraged me to ask questions					
Provided me with positive feedback					
Encouraged independent learning by suggesting articles, books, and other resources					
Gave me the opportunity to offer opinions on patient problems and treatment					
Provided a model of the type of practitioner I would like to be					

Additional Comments: (Comments in this area are greatly appreciated)

Preceptor Signature:
Student Signature:
Date: