APRN- STUDENT EVALUATION OF SITE/PRECEPTOR

Course Number/Name

Facility/Department

Preceptor Name and Credentials

Dates at Site

1. What types of patients attended the site
   Children _____ Adults _____
   Women Only _____

2. For which types of health problems or needs were patients seen at this site
   Primary/preventive care ______  Episodic/Acute Care ______
   Health Maintenance ______  Chronic Care ______

3. Did your preceptor have a general orientation planned?
   ______ Yes ______ No

4. Were you given sufficient introduction to the health care facility and team?
   ______ Yes ______ No

5. Did the preceptor explain their role within the facility?
   ______ Yes ______ No

6. What type of health assessment did you perform on patients?
   Total head to toe _____  Focused assessment _____
   Other assessment (explain) ___________________________________________

_________________________________________________________________
7. Did you do any health teaching for the patients and families?
   ________Yes ________No

8. Was your preceptor available when you needed him/her?
   ________Yes ________No

9. Did your preceptor provide relevant and high quality input related to your clinical experience?
   ________Yes ________No

10. During your clinical practicum were the following areas adequately covered:
   - Health History & Physical Assessment  _____Yes _____No
   - Laboratory Data and Analysis  _______Yes ______No
   - Diagnosis and Plan of Care  ________Yes ______No
   - Documentation / EHR  ________Yes ______No
   - Referrals  ________Yes ______No

Comments: (What would you add or change)
Rate the Overall quality of the clinical site for this semester?

_______ Outstanding _______ High Average _______ Average ________ Poor

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Rate the Overall quality of the clinical preceptor for this semester?

_______ Outstanding _______ High Average _______ Average ________ Poor

________________________________________________________________________

Student Signature and Date

Revised 02/22/18 E Campbell