

EL PASO COMMUNITY COLLEGE
NURSING PROGRAM
CLINICAL-REGISTERED NURSING/REGISTERED NURSE
STUDENT EVALUATION OF PRECEPTOR
FALL 2018/SPRING 2019

Preceptor's Name: _____ Clinical Facility: _____

Student's Name _____ Date: _____

Clinical Coordinator: _____

Instructions: Circle the number that best describes contributions of your preceptor to the development of your knowledge and skills.

Evaluation Criteria	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
During the Preceptorship experience The preceptor:					
1. Provided clinical experiences appropriate for the course requirements	5	4	3	2	1
2. Created an atmosphere conducive to learning; communicated effectively	5	4	3	2	1
3. Provided an adequate orientation to the clinical unit	5	4	3	2	1
4. Periodically provided feedback regarding clinical performance	5	4	3	2	1
5. Evaluated student's over-all performance and shared it with student and faculty member	5	4	3	2	1
6. Provided appropriate supervision to assure safe practice	5	4	3	2	1
7. Collaborated with faculty to review student's progress	5	4	3	2	1
8. Functioned as a role model	5	4	3	2	1