Youngstown State University

_1adxm20%5b1%5d

4853 Nursing Transitions

Preceptor Evaluation

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please place a checkmark (🗸) in the column that corresponds with your rating of the following clinical abilities:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please Rate:** | **Very Good** | **Good** | **Average** | **Needs Help** | **Poor** | **N/A** |
| Attendance/Punctuality |  |  |  |  |  |  |
| Attitude |  |  |  |  |  |  |
| Initiative/Self-Motivation |  |  |  |  |  |  |
| Interpersonal Skills with patients/families,  co-workers, & doctors |  |  |  |  |  |  |
| Clinical Skills:   * Assessment * Medications * Treatments * Documentation   Decision-Making Skills |  |  |  |  |  |  |
| Productivity/Time Management |  |  |  |  |  |  |
| Instruction/Client Teaching |  |  |  |  |  |  |
| Willingness to accept responsibility |  |  |  |  |  |  |

Additional Comments:

Total hours worked (including breaks): \_\_\_\_\_\_\_\_\_

Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you!*