
CLINICAL FACULTY AND PRECEPTOR EVALUATIONS
OF STUDENT NUR672 PRACTICUM ADMINISTRATOR/EDUCATOR

Total 225 Hours Clinical Evaluation for Clinical Supervision of Student

Your preceptor and clinical faculty will both use this form to evaluate you. The clinical faculty will evaluate you at both midterm and final. The preceptor will evaluate you at the final evaluation.

Using the following scale, check the appropriate box:

1 = Strongly Disagree (SD) 2 = Disagree (D) 3 = Unsure (U) 4 = Agree (A) 5 = Strongly Agree (SA)

	1	2	3	4	5
1. Formulated objectives for the experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Participated in agency projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Developed own project/presentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrated critical thinking skills and ability to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicated effectively with agency staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated leadership skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrated professional values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recognized diversity issues and was tolerant of others' views.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The learning environment was satisfactory for meeting course outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please identify strengths pertaining to the leadership role of the student.

11. What suggestions do you have for the student?

12. Comments on this experience

Clinical Faculty Name: _____ Date: ___ / ___ / _____

Clinical Faculty Signature: _____ Date: ___ / ___ / _____

Preceptor Name: _____ Date: ___ / ___ / _____

Preceptor Signature: _____ Date: ___ / ___ / _____

Student Name: _____ Date: ___ / ___ / _____

Student Signature: _____ Date: ___ / ___ / _____