STUDENT EVALUATION OF CLINICAL PRECEPTOR

PRECEPTOR: __________________________ AGENCY/SITE: _______________________
UNIT: __________

FACULTY: __________________________ SEMESTER: _______________________
COURSE: __________

**Directions:** *Indicate the degree to which each statement applies by checking the box that best reflects your opinion.*

<table>
<thead>
<tr>
<th></th>
<th>4 All of the time</th>
<th>3 Most of the time</th>
<th>2 Some of the time</th>
<th>1 Rarely</th>
<th>N/A</th>
</tr>
</thead>
</table>
1. Served as role model for student in clinical practice area. |
2. Facilitated integration of student into professional, collaborative practice. |
3. Assisted in identifying individual learning needs of student. |
4. Worked with student to mutually plan learning experiences. |
5. Implemented learning plans with student. |
7. Collaborated effectively with faculty and student. |
8. What strengths of your clinical preceptor facilitated your learning? |
9. What recommendations do you have, if any, for future experiences with this clinical preceptor?