

FACULTY EVALUATION OF PRECEPTOR

Student: _____ Date: _____

Preceptor: _____ Course Name and Term: _____

Address: _____

INSTRUCTIONS: Please choose one number which best describes your experience:

Rating Scales: 4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

The Preceptor:				
1. Provided a patient population relevant to student learning needs.	4	3	2	1
2. Assisted student in developing appropriate learning objectives.	4	3	2	1
3. Facilitated student accomplishment of clinical objectives.	4	3	2	1
4. Maintained open lines of communication with faculty.	4	3	2	1
5. Had realistic expectations for student based on student's level in FNP program.	4	3	2	1
6. Reviewed student's charting and provided appropriate feedback.	4	3	2	1
7. Allowed for student opportunities to recommend diagnostic tests and treatments.	4	3	2	1
8. Completed student evaluation as requested.	4	3	2	1
9. Served as an excellent role model in the delivery of quality and cost-effective primary care.	4	3	2	1
10. Overall, was a beneficial resource for the student.	4	3	2	1

Would you recommend this preceptor for other students? **Yes** **No**

If no, describe here: _____

Additional comments: _____

Faculty Signature: _____