College of Nursing

WEST COAST UNIVERSITY

Faculty Mid-Term Check in with Preceptor

Student: _____ Date: _____

Preceptor: _____ Course Name and Term: _____

Address: _____

INSTRUCTIONS: Please choose based on the preceptor feedback of student:

Rating Scales: Yes / No

Method of Communication: Telephone Virtual Remote E-mail

1. Did the student demonstrate clinical competency at all times throughout the clinical experience?	Yes	No
2. Did the student demonstrate professionalism in the clinical setting?	Yes	No
3. Did the student review documented/completed clinical hours with the preceptor?	Yes	No
4. Did the student have access to and utilize the electronic medical record/platform?	Yes	No

If any question above was “no” please describe here and review concerns with the student:

Date concerns addressed with student: _____

Plan for student improvement of concerns: _____

Faculty Signature: