

Oversight Form: Preceptor Supervision

Preceptor Name:	
Address:	
Telephone:	Email:

1.	What is your learning plan for the Student to assure appropriate degree level work?
2.	What student learning outcomes are you expecting?
3.	How will you tailor your teaching approach to the student's learning style?
4.	How will you address any obstacles or resistance your student may have to learning?
5.	How will you maximize your student's special talents?
6.	What formative (learning process) assessment tools will you use?
7.	What summative (final evaluation, such as testing) assessment tools will you use?
8.	What is your plan to resolve Incident Reports? Have you had any in the past and how were they resolved?

Please continue on back if necessary

Signature:	Date:
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