



Student Preceptor Evaluation Form

Revised 8/07

Dear Student and Preceptor: This form is to be completed by the two of you together. Filling out this form provides you with the opportunity to 1) articulate accomplishments and problems in your teaching or learning, 2) voice satisfactions and challenges with one another, and 3) review your goals and develop a plan for the coming trimester. **Send this form along with the following items for work completed this trimester to NCM within 30 days after the end of each trimester. All items must be signed and dated by the preceptor.**

- Student Record with grades
- Clinical Experience Forms
- This completed Student/Preceptor Evaluation and Plan Form
- NARM Skills List
- Filled-out Syllabus Forms for the courses you plan to undertake during the following trimester

Preceptor's Name: _____	Student's Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Today's Date (M/D/Y): _____	For Trimester (circle one): Jan-May June-Aug Sep-Dec Year: _____

Poor
 Fair
 Satisfactory
 Excellent

Questions:

Comments:

Preceptor Evaluates Student:					
1. The student's academic and clinical work reflects ASM degree level work:	▼	▼	▼	▼	
2. The student has achieved the learning outcomes expected for this trimester:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Please identify the student's learning style:	<input type="checkbox"/> Auditory/ <input type="checkbox"/> Visual/ <input type="checkbox"/> Tactile/ <input type="checkbox"/> Kinesthetic/ <input type="checkbox"/> Global/ <input type="checkbox"/> Analytic (see attachment):				
4. The student takes action based on student preceptor evaluations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preceptor Evaluates Self:					
5. I have been able to match my teaching to the student's learning style:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. I have been able to help the student with obstacles or resistance to learning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. I have been able to help maximize the student's talents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The quality of the formative assessments I have provided of the student's progress has been:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The quality of the summative assessments I have provided of this student's achievements has been	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. I identify and address issues/disagreements with this student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. I take needed actions based on Student Preceptor Evaluations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Student Evaluates Preceptor:				
▼ ▼ ▼ ▼				
12. My Preceptor provides ASM degree level academic and clinical teaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My preceptor identifies the learning outcomes expected from me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My Preceptor takes action based on student preceptor evaluations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My preceptor provides direct supervision of my clinical and skills practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My preceptor provides formative and summative assessments of my work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Evaluates Self:				
17. My learning style is:	<input type="checkbox"/> Auditory/ <input type="checkbox"/> Visual/ <input type="checkbox"/> Tactile/ <input type="checkbox"/> Kinesthetic/ <input type="checkbox"/> Global/ <input type="checkbox"/> Analytic (see attachment):			
18. I identify and address any resistance or obstacles to my learning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I maximize my special talents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I am completing academic, clinical and skills requirements in a timely fashion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have identified and addressed any issues with my preceptor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans:				
22. We plan to undertake the following academic modules next trimester:				
23. We plan to utilize the following formative assessments to assess academic progress:	<input type="checkbox"/> Oral presentations <input type="checkbox"/> Essays/ <input type="checkbox"/> Quizzes/ <input type="checkbox"/> Demonstrations/ <input type="checkbox"/> Other:			
24. We plan to utilize the following summative assessments to identify completion of academic requirements:	<input type="checkbox"/> Pass NCM tests with 80% or more/ <input type="checkbox"/> Completion NCM Learning Objectives with 80% or more/ <input type="checkbox"/> Other:			
25. We plan to complete the following Practical Skills (NARM) next trimester:				
26. We plan to utilize the following formative assessments of practical skills:	<input type="checkbox"/> Practice Demonstrations/ <input type="checkbox"/> Role Play/ <input type="checkbox"/> Clinical Experience/ <input type="checkbox"/> Performance Reviews/ <input type="checkbox"/> Other:			
27. We plan to utilize the following summative assessments of practical skills:	<input type="checkbox"/> Final Demonstrations/ <input type="checkbox"/> Clinical Performance/ <input type="checkbox"/> Emergency Drills/ <input type="checkbox"/> Tests/ <input type="checkbox"/> Other:			
28. We plan to utilize the following formative assessments of clinical experience:	<input type="checkbox"/> Scenario Practice/ <input type="checkbox"/> Clinical Experience Reviews/ <input type="checkbox"/> Chart Reviews of Care/ <input type="checkbox"/> Case Reviews/ <input type="checkbox"/> Other:			
29. We plan to utilize the following summative assessments of clinical experience:	<input type="checkbox"/> Clinical Management Evaluation/ <input type="checkbox"/> Case Review Management/ <input type="checkbox"/> Clinical Judgment Evaluation/ <input type="checkbox"/> Other:			
30. Please list any suggestions you have for improvements to the College program: Library, facilities, services, resources, curriculum development and implementation, administration, policies, etc:				
Preceptor Signature:	Date:	Student Signature:	Date:	