**Preceptor Evaluation Form**

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| **Information** | | |
| Preceptor name: Click or tap here to enter text. | | |
| Date of evaluation: Click or tap here to enter text. | | |
| Name of coordinator: Click or tap here to enter text. | | |
| All preceptor evaluation ratings and comments will be confidential and only reviewed by the department manager | | |
| **Rating Scale and Instructions** | | |
| Using a scale of 1-4, assign the appropriate score in the rating box. If you score a 4 in any of the sections, please comment in the  “Opportunities for Improvement” section.  1 = Always met expectations  2 = Frequently met expectations  3 = Sometime met expectations  4 = Never met expectations | | |
| **Performance Element** | **Rating (1-4)** | **Opportunities for Improvement** |
| The preceptor was knowledgeable and competent | Select Score | Click or tap here to enter text. |
| The preceptor gave me feedback on a regular  basis | Select Score | Click or tap here to enter text. |
| The preceptor behaved professionally at all times | Select Score | Click or tap here to enter text. |
| The preceptor was always readily available | Select Score | Click or tap here to enter text. |
| The preceptor provided feedback and learning  opportunities to improve my performance | Select Score | Click or tap here to enter text. |
| The preceptor communicated professionally and  gave clear explanations | Select Score | Click or tap here to enter text. |
| The preceptor was enthusiastic about my learning | Select Score | Click or tap here to enter text. |
| The preceptor managed time effectively | Select Score | Click or tap here to enter text. |
| The preceptor contributed to a teamwork  environment | Select Score | Click or tap here to enter text. |
| The preceptor communicated information in a  timely and effective manner | Select Score | Click or tap here to enter text. |
| The preceptor oriented me to the rotation and  expectations of my role | Select Score | Click or tap here to enter text. |
| The preceptor provided problem-solving activities  to enhance my learning | Select Score | Click or tap here to enter text. |
| Overall, my learning needs were met during my  orientation | Select Score | Click or tap here to enter text. |
| **Strengths / Areas for Improvement** | | |
| What did your preceptor do that was most helpful? | | |
| Click or tap here to enter text. | | |
|  | | |
| What would you have liked your preceptor to do differently? | | |
| Click or tap here to enter text. | | |
|  | | |
| How many preceptors did you have? (If only one, skip this question.) Did having more than one preceptor help your orientation? Please explain. | | |
| Click or tap here to enter text. | | |
|  | | |
| Any other suggestions for improvement of the orientation process? | | |
| Click or tap here to enter text. | | |
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