**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 expectations2 = Frequently met expectations3 = Sometime met expectations4 = 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 regularbasis | 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 learningopportunities to improve my performance | Select Score | Click or tap here to enter text. |
| The preceptor communicated professionally andgave 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 teamworkenvironment | Select Score | Click or tap here to enter text. |
| The preceptor communicated information in atimely and effective manner | Select Score | Click or tap here to enter text. |
| The preceptor oriented me to the rotation andexpectations of my role | Select Score | Click or tap here to enter text. |
| The preceptor provided problem-solving activitiesto enhance my learning | Select Score | Click or tap here to enter text. |
| Overall, my learning needs were met during myorientation | 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. |
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| What would you have liked your preceptor to do differently?  |
| Click or tap here to enter text. |
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| 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. |
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| Any other suggestions for improvement of the orientation process?  |
| Click or tap here to enter text. |
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