



## ***Student Evaluation of Clinical and Field Experience***

Student Name: \_\_\_\_\_ Preceptor(s) Name: \_\_\_\_\_

Date: \_\_\_\_\_ Clinical / Field Site: \_\_\_\_\_ Dept. / Unit \_\_\_\_\_

This evaluation form is designed for you to comment on the clinical / field experience and the preceptor that assisted you. To aid in consistency, you will be using the 1 to 3 scale below. The cut score is  $\geq 2$  in all applicable areas and a score of 1 in any area requires additional documentation.

**3 – Exceeds expectations / standard** – preceptor(s) sought out educational experiences for students; posed challenging questions and enhanced the learning environment, receptive to student and answered questions, understood role of student; provided constructive feedback

**2 – Meets expectations / standard** – preceptor(s) receptive to student and answered questions, understood role of student; provided constructive feedback.

**1 – Below expectations / standard** – preceptor(s) not interested or concerned about student learning opportunity, unreceptive or unavailable for questions, understand role of student; provided constructive feedback.

**The Clinical / Field Area was:**

	Below	Meets	Above
Interesting	1	2	3
Relevant	1	2	3
Productive	1	2	3

**The Preceptor(s) was/were:**

	Below	Meets	Above
Non-Intimidating	1	2	3
Pleasant	1	2	3
Interesting	1	2	3
Tolerant	1	2	3
Competent	1	2	3
Cooperative	1	2	3
Receptive	1	2	3

**General Comments:**

**Overall Staff Reaction could be described as:**

	Below	Meets	Above
Receptive	1	2	3

**Feedback on my performance was:**

	Below	Meets	Above
Helpful	1	2	3

**Of what value was your time in this clinical / field area:**

	Below	Meets	Above
Valuable	1	2	3

**Rate your overall experience in this clinical / field area:**

	Below	Meets	Above
	1	2	3

**A rating of 1 in any area requires further explanation through documentation on the reverse side.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_