



## ***Clinical and Field Experience Evaluation Form***

Student's Name: \_\_\_\_\_ EMT Class #: \_\_\_\_\_

Clinical/Field Experience Site: \_\_\_\_\_ Date: \_\_\_\_\_

Person's Name and Title completing evaluation: \_\_\_\_\_

Thank you for taking the time to fill out this evaluation on the above student. Please evaluate the student on the criteria listed below. Your honest evaluation would be greatly appreciated. The student does not get a grade on the quality of the evaluation. This evaluation is used to see where the student can make improvements, if any. Return the evaluation in the accompanying envelope sealed with your signature across the seam of the flap with the student.

### **Appearance**

	Yes	No	N/A
Did the student wear the following items during his/her visit to your department?:			
• A clean light blue button-down uniform shirt with a Fast Response patch on the left sleeve and metal name tag over the right pocket.			
• Blue uniform pants (Blue jeans or faded pants are not permitted)			
• White or dark T-shirt (No design should be showing through the button down shirt)			
• Black shoes or boots (Polished and not scuffed)			
• Fast Response EMT Program Photo identification name badge			
Was the student well groomed (i.e. hair combed, etc.)?			
Did the student have any offending strong odor about him/her (i.e. strong perfume, strong cologne, body odor, etc.)?			
Did the student present with a professional appearance?			

### **Professionalism**

	Yes	No	N/A
Did the student arrive on time for the beginning of his/her clinical/field experience?			
Did the student stay for all of his/her scheduled times?			
Was the student pleasant and cooperative?			
Did the student respect and maintain patient confidentiality?			
Did the student show motivation to learn?			
Did the student pose questions or concerns in a courteous manner?			
Did the student act as a professional at all times during his/her clinical/field experience?			

**\*\* Evaluation continues on other side \*\***



### Knowledge

	Yes	No	N/A
Does the student seem to have a good academic knowledge base?			
Did the student take vital signs correctly and accurately?			
Did the student ask appropriate historical questions about the illnesses and injuries he/she encountered?			
Did the student use equipment appropriate to his/her training properly?			
Did the student demonstrate proficiency in skills appropriate to his/her training?			

### Interpersonal Skills

	Yes	No	N/A
Did the student demonstrate good rapport and communication skills when dealing with patients?			
Did the student demonstrate good rapport and communication skills when dealing with hospital staff?			
Did the student demonstrate good rapport and communication skills when dealing with prehospital care providers (EMTs and Paramedics)?			

### Comments:

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Signature