



CSI PARAMEDIC PROGRAM INTERNSHIP PRECEPTOR EVALUATION FORM

STUDENT NAME:	<u>Preceptor:</u> <u>Area:</u> <u>Date:</u>
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Please rate the CLINICAL/PRECEPTOR in the following categories at the end of the shift

GRADING SCALE 1 to 10

... with 10 being the most wonderful experience you could have on a clinical and one being the worst experience you could have on a clinical

	How well did lab and classroom instruction prepare you for this clinical? COMMENT:
	Did you find this experience rewarding? COMMENT:
	Do you feel the observations you made and the skills you performed were relevant to your training? COMMENT:
	Was the staff or crew helpful to you during your clinical? COMMENT:
	Was the length of your clinical experience adequate? COMMENT:
	Did your preceptor explain and or demonstrate tasks to you? COMMENT:
	Did your preceptor demonstrate knowledge in his or her field of expertise? COMMENT:
	Did the preceptor demonstrate a professional attitude? COMMENT:
	Was the preceptor available to you during your clinical? COMMENT:
	Did the preceptor ensure your safety during the clinical? COMMENT:

Comments:

Student Signature		Program Review <input type="checkbox"/>
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Contact Jim Rodgers jrogers@csi.edu (208) 732-6711 or Gordon Kokx gtkox@csi.edu (208) 732-670 with any comments or concerns. If necessary to contact the program immediately, page Gordon Kokx at: 1-888-857-0649.