# Daily Preceptorship Student Evaluation

<table>
<thead>
<tr>
<th>Student:</th>
<th>Preceptor Site:</th>
</tr>
</thead>
</table>

If there are not adequate columns on this form, request another copy from the student.

<table>
<thead>
<tr>
<th>Scale: 0 = poor</th>
<th>1 = needs improvement</th>
<th>2 = fair</th>
<th>3 = good</th>
<th>4 = excellent</th>
<th>N/A = not applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
</table>

- Was punctual for report and listened.
- Consistently maintained appropriate dress/appearance in the clinical area.
- Carried out established techniques for safe administration of all meds.
- Showed interest and assertiveness in learning new experiences.
- Sought help when appropriate.
- Assumed responsibility for own patient’s care and well being during clinical assignment.
- Recognized hazards to safety of patient, self, and others, and took appropriate action.
- Met patient needs for comfort and hygiene.
- Performed nursing procedures/skills accurately.
- Accurately evaluated effectiveness of interventions performed.
- Modified environment to meet client’s need.
- Asked appropriate questions.
- Charting was appropriate.
- Gave accurate end of shift report.
- Provided adequate education of patient/families.
- Was helpful, cooperative and offered assistance to peers and staff once own patient care was completed.
- Completed work before leaving unit at end of shift.
- Functioned within scope of practice.

Additional Comments:

Signature Preceptor:

Print Preceptor Name: