

# 1301 Clinical Report

**Student Name:**

<b>Rotation</b>	<b>How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age &amp; sex, no initials please! What did you learn?</b>	<b>What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..</b>
Block/Week:  Dates: Unit: Assigned Preceptor:  Other Preceptor:		
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Please fill this out during your rotation and email to your advisor. Look at your clinical grid to see the week of your clinical assignment. If you had a **different preceptor** other than your assigned one, include their name (first, Last), have them **also** sign your “Record of Precepted Clinical Experiences” sheet, complete an evaluation on your performance, and you complete an evaluation on them also.