

STUDENT EVALUATION BY PRECEPTOR

Infection Control

(This evaluation is to be completed by the preceptor for each student)

Student Name: Jessica Bower
 Nursing School/College: Firelands Regional Medical Center School of Nursing
 Nursing Faculty Member: Dawn A. Wikel, MSN, RN, CNE
 Preceptor Name: Sandie Beal

Clinical Start Time: 08:30 Clinical End Time: 10:30

Student Evaluation

Criteria	Needs* Improvement	Satisfactory	Excellent
1. Actively engaged in the clinical experience.		✓	
2. Demonstrates prior knowledge of departmental/nursing responsibilities.		✓	
3. Appropriate use of communication skills.		✓	
4. Demonstrates safe completion of nursing skills.		✓	
5. Demonstrates professionalism in nursing.		✓	

*Any "needs improvement" must have comments written.

Instructor/Preceptor Comments: _____

Student's Signature: J Bower Date: 1.22.25

Preceptor's Signature: Sandie Beal Date: 1/22/25

Print Preceptor's Name: Sandie Beal