

STUDENT EVALUATION BY PRECEPTOR

Infection Control

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

Student Name: Caitleen Camp
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: 0830 Clinical End Time: 1110

| 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 Caitleen Camp Date 1/31/25

Preceptor's Signature Sandie Beal Date 1/31/25

Print Preceptor's Name Sandie Beal