

STUDENT EVALUATION BY PRECEPTOR

Infection Control

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

Student Name: Brianne Rodise
Nursing School/College: Firelands Regional Medical Center School of Nursing
Nursing Faculty Member: Dawn A. Wikel, MSN, RN, CNE
Preceptor Name: Sydney Cmar, RN

Clinical Start Time: 8:30 AM Clinical End Time: 11:00 AM

Student Evaluation

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

***Any "needs improvement" must have comments written.**

Instructor/Preceptor Comments: friendly and active engagement

Student's Signature [Signature] Date 2-7-25

Preceptor's Signature Sydney Cmar Date 2-7-25

Print Preceptor's Name Sydney Cmar