

Clinical 2/14/25

STUDENT EVALUATION BY PRECEPTOR

Infection Control

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

Student Name: Mallory Jamison
Nursing School/College: Firelands Regional Medical Center School of Nursing
Nursing Faculty Member: Dawn A. Wikel, MSN, RN, CNE
Preceptor Name: _____

Clinical Start Time: 830 Clinical End Time: 1130

Student Evaluation

Criteria	Needs* Improvement	Satisfactory	Excellent
1. Actively engaged in the clinical experience.			<input checked="" type="checkbox"/>
2. Demonstrates prior knowledge of departmental/nursing responsibilities.			<input checked="" type="checkbox"/>
3. Appropriate use of communication skills.			<input checked="" type="checkbox"/>
4. Demonstrates safe completion of nursing skills.			<input checked="" type="checkbox"/>
5. Demonstrates professionalism in nursing.			<input checked="" type="checkbox"/>

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

Instructor/Preceptor Comments: Engaged

Student's Signature Mallory Jamison Date 2-14-25

Preceptor's Signature Sydney Cmar Date 2-14-25

Print Preceptor's Name Sydney Cmar