STUDENT EVALUATION BY PRECEPTOR

Infection Control

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

Student Name: Seth Linder
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: 1100

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 Seth L Date 2/20/25

Preceptor's Signature Sandie Beal Date 2/20/25

Print Preceptor's Name Sandie Beal