

STUDENT EVALUATION BY PRECEPTOR

Infection Control

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

Student Name: Cora Meyer
 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: 0820 Clinical End Time: 1120

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 Cora Meyer Date 3/11/25
 Preceptor's Signature Sandie Beal Date 3/13/25
 Print Preceptor's Name Sandie Beal RN