

STUDENT EVALUATION BY PRECEPTOR

Infection Control

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

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

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

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: very engaged

Student's Signature _____ Date _____

Preceptor's Signature Sydney Cmar Date 1-30-20

Print Preceptor's Name Sydney Cmar