



Course: <u>N442</u>	Semester: <u>Spring</u>
Week: <u>2</u>	Date: <u>01/19/21</u>

Clinical Preceptor Feedback of Student

Students Performance: Please rate the student on their performance today. (1 being the lowest score possible and 5 being the highest)

1. Student was prompt and ready for assignment?	<input checked="" type="radio"/>	4	3	2	1
2. Student acted in a professional manner?	<input checked="" type="radio"/>	4	3	2	1
3. Student performed tasks well and promptly?	<input checked="" type="radio"/>	4	3	2	1
4. Student interacted with staff and patients in a compassionate caring manner?	<input checked="" type="radio"/>	4	3	2	1
5. Student was engaged/enthusiastic and eager to learn?	<input checked="" type="radio"/>	4	3	2	1

Overall clinical performance: (Please circle)

Satisfactory

Unsatisfactory

Additional Comments:

Your feedback is to help improve communication and safety in the clinical setting between Lakeview faculty and the healthcare facility. Thank you for helping make our program successful! Please feel free to return in an envelope at your discretion.

Student: HAROLD S. HENSON

Date/Time: 01/19/21

Preceptor Printed Name: Emily Gobert

Department: 4med Case Manager

Preceptor Signature: Emily Gobert

Agency: SBL