



Course: _____ Semester: _____
Date: _____

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? | 1 | 2 | 3 | 4 | 5 |
| 2. Student acted in a professional manner? | 1 | 2 | 3 | 4 | 5 |
| 3. Student performed tasks well and promptly? | 1 | 2 | 3 | 4 | 5 |
| 4. Student interacted with staff and patients in a compassionate caring manner? | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| 5. Student was engaged/enthusiastic and eager to learn? | 1 | 2 | 3 | 4 | 5 |

Overall clinical performance:(Please circle one) **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: _____ Date/Time: _____

Preceptor Printed Name: _____ Department: _____

Please Check One:

_____ Yes, I have received a clinical skills information sheet for this student.

_____ No, I have not received a clinical skills information sheet for this student.

Preceptor Signature: _____ Agency: _____