



**RURAL CALIFORNIA NURSING PRECEPTORSHIPS**  
 A Unique Clinical Nursing Experience That Builds Confidence & Competency

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## Program Evaluation

Name \_\_\_\_\_ Placement Dates \_\_\_\_\_

Site \_\_\_\_\_ Preceptor \_\_\_\_\_

Please comment on the following statements using a rating scale of 1 to 5:

### I. Site/Preceptor Evaluation

	<i>Disagree</i>		▶	<i>Highly Agree</i>	
	1	2	3	4	5
The Site selected for my preceptorship met my expectations and provided me the means to accomplish the majority of my objectives.	1	2	3	4	5
Staff at the facility were welcoming and accepted me as part of the team.	1	2	3	4	5
My Preceptor encouraged sharing ideas and open communication.	1	2	3	4	5
My Preceptor oriented me to the facility and made me feel welcome.	1	2	3	4	5
My Preceptor was willing to work with me to develop a provisional plan way to meet my objectives.	1	2	3	4	5
My Preceptor was available when needed, and encouraged a level of independence appropriate to my skill level.	1	2	3	4	5
I would recommend this preceptor for future participants	1	2	3	4	5

### II. Comments and/or Suggestions re: Site/Preceptor

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### III. Coordinator Evaluation

	<i>Disagree</i>		▶	<i>Highly Agree</i>	
	1	2	3	4	5
Pre-placement communication (verbal and written) was clear and informative.	1	2	3	4	5
RCNP orientation answer my questions, and clearly outlined expectations, limitations, and responsibilities of all involved.	1	2	3	4	5
The Coordinator was available and provided support and guidance as needed.	1	2	3	4	5

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**IV. Program Evaluation**

Would you recommend this program to others?  Yes  No

V. May we send you a short RCNP Employment Survey either one year after your graduation date, or if you are a post-graduate RN, one year after completing the program?  Yes  No

If yes, please indicate the email address you would like us use? \_\_\_\_\_

**VI. Comments and/or Suggestions re: Program/Coordinator**

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