



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

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Student Evaluation

Student/Participant _____ Evaluation Date _____

Preceptor _____ Site _____

Please complete this evaluation and review it with your student prior to the conclusion of the program.

Please circle the number that most closely approximates your evaluation of the student.

If a point of evaluation does not apply to your experience with the student, please circle N/A (Not Applicable).

	<i>Low</i>		▶		<i>High</i>	
1. Student has kept me informed of his/her goals and objectives.	1	2	3	4	5	
2. Student is willing to accept my suggestions and incorporates them into his/her learning objectives.	1	2	3	4	5	N/A
3. Student is able to prioritize patient care and completes assignments in a timely manner.	1	2	3	4	5	N/A
4. Student seeks out new experiences and asks for appropriate supervision.	1	2	3	4	5	N/A
5. Student completes care on assigned patients safely and within the scope of nursing practice.	1	2	3	4	5	N/A
6. Student works well with staff members and demonstrates flexibility in accepting assignments.	1	2	3	4	5	N/A
7. Patient interactions are appropriate and assessments are thorough and accurate.	1	2	3	4	5	N/A

(over)

	<i>Low</i>		▶		<i>High</i>	
8. Student has been actively involved in patient/family teaching and imparts accurate and helpful knowledge.	1	2	3	4	5	N/A
9. Student's documentation of care given is accurate and appropriate.	1	2	3	4	5	N/A
10. Student gives concise and organized verbal report to staff at change of shift, or when turning over caseload.	1	2	3	4	5	N/A
11. Student demonstrates personal growth and accepts constructive criticism.	1	2	3	4	5	N/A
12. Student is able to work effectively under pressure.	1	2	3	4	5	N/A
13. Student is aware of cultural and ethnic differences and considers these when caring for patients.	1	2	3	4	5	N/A

OVERALL PERFORMANCE

Using a 1 - 5 rating scale (with 5 representing the highest level), this student scores a _____ on performance, knowledge, and quality of work.

Please make any additional comments that would be helpful to the student as part of this evaluation process.

COMMENTS:

I have reviewed this evaluation with the student.

Preceptor's Signature

Date

I have read this evaluation.

Student's Signature

Date