

# Evaluation of Preceptor/Preceptorship

Name of preceptor: \_\_\_\_\_ Dates of Preceptorship \_\_\_\_\_  
Clinical agency: \_\_\_\_\_ Clinical area: \_\_\_\_\_

**Evaluate the preceptorship for each item listed, by circling your level of agreement.**

1. The preceptorship in this clinical area provided adequate opportunities to enhance my clinical skills and knowledge.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

2. The preceptorship in this clinical area provided adequate opportunities to strengthen my communication skills with other members of the health care team.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

3. The preceptorship in this clinical area provided adequate opportunities to individualize my learning experiences to function as a provider of care.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

4. The length of the preceptorship was adequate to meet my personal learning objectives.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

8. The length of the preceptorship was adequate to evaluate my clinical performance.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

9. The preceptorship enhanced my patient care.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

10. The Instructor was available for questions, concerns or problems.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

11. The preceptor was adequately prepared for the preceptorship experience.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

12. The preceptor was supportive of my learning needs.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

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13. The preceptor was able to answer my questions, and instruct me in my skills practice.

Strongly Disagree      Disagree      Indifferent      Agree      Strongly Agree

14. Comments: