

THE UNIVERSITY OF MISSISSIPPI SCHOOL OF NURSING
PRECEPTOR EVALUATION FORM – N435 Nursing Synthesis

Please complete the following on the experience the student during this clinical experience. Please feel free to add any comments. You may return to the student in the sealed envelope or you may opt to snail mail (via campus mail), email or scan back to Dr. Marilyn Harrington, c/o UMC School of Nursing, # A219, 2500 North State Street, Jackson, MS 39216.

Thank you for sharing your time and expertise with our students.

Student Name: _____

Preceptor name and title: _____ Agency/Unit: _____

Professional Behaviors	YES	NO	Comments
1. Was the student able to meet his/her clinical objectives?			
2. Was the student professional in the agency? (punctual, dressed appropriately, courteous, respectful)			
3. Was the climate conducive to student learning?			
4. Did the student take initiative to communicate learning needs?			
5. Did student assume responsibility for learning? Seek out new learning opportunities?			
6. Did the student practice sound/appropriate decision-making skills?			
7. Did the student work effectively with other members of the health team?			
8. Did the student correctly perform psychomotor skills?			
9. Did the student interact appropriately with patients and family members?			

What are your comments regarding this learning experience?

Would you be willing to serve as a preceptor in the future?

Yes

