

**Peoria Area EMS System  
EMT-I/P Student Field Internship**

## Student Evaluation of FTI – Complete after EACH Shift

PRINT: Intern Name:	Date:
Field Clinical Agency:	Intern Level: ___ Intermediate ___ Paramedic
Field Training Instructor Name:	Course Coordinator Name:

**Instructions:** This form is to be completed by EMT-I/P students **after each shift** in the field for **EVERY FTI**.  
**Return form to the Course Coordinator.**

**Rating Key:** 4 - Strongly Agree  
3 - Agree  
2 - Disagree  
1 - Strongly Disagree

Evaluated Items	Rating	Comments
When you arrived, the agency representative greeted you cordially and assigned you to a Field Training Instructor.		
The FTI gave a brief orientation and reviewed intern clinical paperwork for Phase development.		
The FTI served as an effective resource to answer questions.		
The FTI encouraged patient contact and provided effective and educational coaching while observing/providing patient care.		
The FTI made you feel welcome to the agency/field experience.		
The FTI's partner or other agency personnel encouraged your presence during shift and helped reinforce your skills through coaching techniques.		
The FTI exercised tact and impartiality in completing your clinical activities paperwork.		
The FTI provided constructive feedback on your performance.		

**The overall impression of your learning experience on this unit is:**

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Totally unsatisfactory
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**Your learning needs were:**

<input type="checkbox"/> totally achieved.	<input type="checkbox"/> partially achieved. Explain.	<input type="checkbox"/> not achieved. Explain
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Student Comments:

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(ADDITIONAL COMMENTS ON REVERSE)

EMT-I/P Intern Signature: \_\_\_\_\_