

*Peoria Area EMS System*  
**COURSE COORDINATOR – EVALUATION FORM – PHASE 1, 2, 3**  
**EMT INTERMEDIATE & PARAMEDIC Student Field Clinical**

**DIRECTIONS FOR COURSE COORDINATOR:** Course Coordinators will complete the following evaluation of student progress upon the projected completion of Phases ONE, TWO, and THREE of the field clinical. Evaluation components should include the student's Daily Progress Reports, Run Critiques, and any other relevant information.

**Course Coordinators will determine whether the student should progress to the next Phase of the field clinical or complete additional hours in the current Phase.** Rationale must be given for recommendation of progression or retention in each Phase. If the student is retained in the current Phase, the Course Coordinator is responsible for assisting the student in receiving remediation to successfully complete the current Phase before progressing to the next Phase.

**Course Coordinator:** Please retain a copy of this form with your student records.  
**EMT-I/P Student:** Please retain a copy of this form with your clinical notebook.

**STUDENT NAME (print):** \_\_\_\_\_ **INTERNSHIP LEVEL:** \_\_\_ Intermediate \_\_\_ Paramedic

**COURSE START DATE:** \_\_\_\_\_ **END DATE DIDACTIC:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **COURSE COORDINATOR (print):** \_\_\_\_\_

**PHASE ONE – Course Coordinator Comments:**

**Date:** \_\_\_\_\_

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**Recommendation:** [  ] Progress to Phase 2 [  ] Retain in Phase 1 (attach corrective action plan)

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**Course Coordinator Signature**

\_\_\_\_\_  
**Student Signature**

**PHASE TWO – Course Coordinator Comments:**

**Date:** \_\_\_\_\_

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**Recommendation:** [  ] Progress to Phase 3 [  ] Retain in Phase 2 (attach corrective action plan)

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**Course Coordinator Signature**

\_\_\_\_\_  
**Student Signature**

**PHASE THREE – Course Coordinator Comments:**

**Date:** \_\_\_\_\_

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**Recommendation:** [  ] Course Completed; Course Coordinator to schedule meeting with PAEMS Medical Director  
[  ] Retain in Phase 3 (attach corrective action plan)

\_\_\_\_\_  
**Course Coordinator Signature**

\_\_\_\_\_  
**Student Signature**