

**Peoria Area Emergency Medical Services System**  
**EMT-I/P Student Training Program**  
**Hospital Clinical Evaluation Form of Preceptor/Instructor**

Hospital:	Date:
Clinical Unit:	Preceptor First/Last Name:

**STUDENT: Please complete this form at the conclusion of each Hospital Clinical rotation:**  
**EMT- I: ED & OR**  
**EMT- P: ED, OR, Respiratory, CCU, L&D, and PEDS.**  
**Return the form to the Course Coordinator.**

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

Item to be evaluated	Rating	Comments
When you arrived on the unit, the charge nurse/therapist greeted you cordially and assigned you to a preceptor.		
The preceptor gave a brief orientation describing patient flow patterns and defining responsibilities of unit personnel.		
The preceptor served as an effective resource to answer unit process questions.		
The preceptor encouraged patient contact and provided effective and discrete educational coaching while observing/ providing patient care.		
The preceptor made you feel welcome on the unit.		
Physicians encouraged your presence during patient examinations/interventions and used the opportunity to reinforce your skills through bedside teaching.		
The preceptor exercised tact and impartiality in completing your clinical activities form.		

**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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Your Comments (Use back of form if necessary):

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**Return this completed form to your Course Coordinator.**

PRINT Student Name: (optional) \_\_\_\_\_