

Preceptor Student Feedback Form

Student Name: _____ **Preceptor:** _____ **Date:** _____

Parameter	5 Exceptional	3 Competent	2 Needs Improvement
1. Focus on quality – work is done accurately and completely.			
2. Persistence – overcomes obstacles as they arise.			
3. Systems thinking – able to see how work done impacts and contributes to the work of others.			
4. Teamwork – able to work effectively and cooperatively with others.			
5. Information processing – able to understand and follow written and/ or oral directions.			
6. Problem-solving – able to identify problems, causes & to determine & evaluate potential solutions.			
7. Attendance– does not miss work, arrives on time, & stays for full duration scheduled.			
8. Takes responsibility – takes initiative & responsibility, follows through on completion of work.			
9. Personal appearance – dresses appropriately, neat and clean. Adheres to school/health systems dress code policy			
10. Adapts to change – flexible & tolerant in changing situations.			
11. Interested in on-going learning – willing to learn new tasks.			
12. Sense of professionalism as exhibited through attitude, communication, interaction with others and contributes to the positive patient experience.			
TOTALS			

Student Performance comments:

Strengths:

Opportunities:

Please provide us with one positive solid clinical example of student work:

Preceptor Signature: _____ **Date** _____