Marywood University--Physician Assistant Program
Preceptor Evaluation Form of Student Performance

To the preceptor: Please evaluate the student's clinical performance according to their level of training at this point. The student should be evaluated in each category from excellent to inadequate. Please note that attendance is mandatory, so please indicate the number of days absent or late. We welcome your comments which you may write in the space provided on the reverse side of this document. Upon completion, please return this form to the student to submit to the Clinical Faculty.

Student Name:

Supervising Preceptor/Rotation:

Dates:

Rotation Number 1 2 3 4 5 6 pre 1 pre 2

Pediatrics	**Excellent**	**Good**	**Average**	**Inadequate**	**Unable to Judge**
1. KNOWLEDGE FOR LEVEL OF TRAINING					
* Fund of medical knowledge about common pediatric complaints, diseases and disorders is broad with an understanding of normal growth, developmental milestones, and immunizations					
* History taking/ medical interview skills are appropriate in the pediatric patient					
* Physical examination skills reflect an ability to perform a complete physical exam on the pediatric patient					
* Knowledge of lab and diagnostic studies is adequate in the pediatric population					
* Clinical procedure skills in commonly used procedures and screenings in the pediatric population is appropriate					
* Assessment skills/ differential diagnosis in a pediatric patient is appropriate					
* Ability to form treatment/ management plan in a pediatric patient is appropriate					
* Ability to implement treatment/ management plan in a pediatric patient is appropriate					
* Patient education and counseling is appropriate for both the pediatric patient and their family					
* Oral presentations					
* Documentation of patient records					
2. INTERPERSONAL SKILLS					
* Patient rapport					
* Communication skills					
3. INTERPROFESSIONAL TEAMWORK					
* Ability to work with other professionals					
* Ability to work on a team					
4. PROFESSIONAL SKILLS					
* Problem solving/ critical thinking skills					
* Self-confidence					

* Dependability/Reliability					
* Initiative					
* Maturity					
* Understanding role of PA					
* Recognition of own limitations					

Specific Strengths:_____

_____

_____

Specific Weaknesses:_____

_____

_____

Recommended changes/ revisions to program:_____

_____

_____

Number of days absent for this rotation:____Number of days late for this rotation:_____

Letter Grade: A A- B+ B B- C+ C C- D F

* **Minimum passing grade: B**

Evaluator's signature:_____

Evaluator's name (printed):_____

Date:_____ Phone Number:_____

Rotation:_____

Evaluation form reviewed with student: YES NO