



## Evaluation of the Preceptor

This form is to be completed by the student at the end of shift and turned into instructor at the college.

Name of Preceptor: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

How well did the preceptor function as an intellectual guide or advisor? (Circle One)

**Excellent (1)**    **Adequate (2)**    **Not Adequate (3)**

Did the preceptor evaluate in a fair and honest manner? (Circle One)

**Excellent (1)**    **Adequate (2)**    **Not Adequate (3)**

Did the preceptor adequately supervise the paramedic intern? (Circle One)

**Excellent (1)**    **Adequate (2)**    **Not Adequate (3)**

How well did the preceptor appear to be up to date on new developments? (Circle One)

**Excellent (1)**    **Adequate (2)**    **Not Adequate (3)**

Comments:

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Print Student Name: \_\_\_\_\_