



COLLEGE OF NURSING

**Master of Science in Nursing  
Preceptor Evaluation of Student**

Course Name and Number:

Semester          Fall          Spring          Summer          Year

Student Name

Preceptor Name

Site

Please select the appropriate boxes and comment below.

	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unacceptable</b>	<b>Insufficient to Judge</b>	<b>Clear</b>
Collaborated with preceptor to identify learning needs and formulate learning goals/objectives							
Sought out learning experiences directed towards the learning goals							
Expressed oral and written ideas in a clear, concise manner							

Please select the appropriate boxes and comment below.

	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unacceptable</b>	<b>Judge Insufficient to</b>	<b>Clear</b>
Demonstrated knowledge pertinent to systems & quality improvement							
Demonstrated clinical expertise (please give examples)							
Demonstrated knowledge of current research as a basis for decision-making							
Demonstrated genuine interest in clinical experience							
Had a professional presence							

What would you recommend to improve this student's competency?

What were this student's particular strengths?

Additional comments:

Preceptor Signature

Date

Thank you for your time completing this evaluation. Your guidance of this student is invaluable to the work of the College of Nursing and the goals of the students.

If you would like to have direct contact with the course instructor for this student, please contact the College of Nursing at (801) 581-3414, or email the faculty member that arranged the preceptorship.

After you have typed your responses, please save this form (save as . . . ) with a different name and email the saved form back to the student. Your feedback is important for the students growth.