

Southern Illinois Regional EMS System

I-7 EVALUATION OF FIELD PRECEPTOR

Name of Preceptor: _____

Date: _____

Please rate on a scale of 1-5 how you feel about your Preceptor during clinical experience and/or provisional period.

	1	2	3	4	5
Do you feel that you had a positive experience during your clinical experience?					
Was the preceptor willing to help or answer questions when asked?					
Did the preceptor treat you as a member of the team?					
Did the preceptor treat any mistakes as an opportunity for learning?					
Did the preceptor promote open communication?					
Did the preceptor demonstrate a willingness to teach?					
Do you feel that your preceptor is a good resource person?					
Overall, how would you rate this preceptor?					

Comments/Suggestions:

Name of Evaluator: _____