Preceptor Evaluation of the Clinical Preceptorship Program: Re-Entry Nursing Update

Preceptor's Name:									
Clinical Area:									
Evaluate the clinical preceptorship for each item listed, by circling your level of agreement.									
1. A preceptorship experience in this clinical area provides adequate opportunities to enhance the student's clinical skills and knowledge.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				
2. A preceptorship experience in this clinical area provides adequate opportunities to strengthen the student's communication skills with other members of the health care team.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				
3. A preceptorship experience in this clinical area provides adequate opportunities to individualize learning experiences in the role of provider of care.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				
4. The length of the clinical preceptorship is adequate to meet the student's objectives.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				
5. The length of the clinical preceptorship is adequate to evaluate the student's performance.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				
6. The clinical preceptorship enhanced patient care.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				
7. The Instructor/Coordinator was available for questions, concerns or problems.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	Not Applicable			
8. The program materials provided me adequately prepared me for the clinical preceptorship experience.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	Not Applicable			
9. The clinical preceptorship is a valuable experience for the re-entry nursing students.									
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree				

10. I will consider participating in the clinical preceptorship in the future.										
	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree					
11. Comments (use reverse for additional space):										
Thank your for your support of the Re-Entry Nursing Program!										
This completed form should be directed to:										