## Preceptor Evaluation of Student

Student's Name:			_ Program	Program: <u>Re-Entry Nursing Update</u>	
Dates of Clinical Preceptorship:					
Evaluate the student's performance for each item listed by circling your level of agreement:					
1. The student provides safe, quality nursing care using the nursing process.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
2. The student communicates therapeutically with clients.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
3. The student demonstrates caring.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
4. The student applies critical thinking to nursing decisions.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
5. The student implements the teaching-learning process.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
6. The student effectively manages materials and human resources related to client care.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
7. The student utilizes appropriate resources to address ethical and legal concerns.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	
8. The student communicates in an effective, professional manner.					
Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	

9. The student demonstrates responsibility and accountability for personal learning needs and nursing practice.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

10. The student collaborates with other members of the health care team to foster excellence in nursing.

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: