

**Student Evaluation of Clinical Preceptorship/Preceptor
Program: Re-Entry Nursing Update**

Student's Name: _____

Name of preceptor: _____

Clinical agency: _____ Clinical area: _____

Dates of preceptorship: _____

Evaluate the preceptorship/preceptor for each item listed, by circling your level of agreement.

1. The preceptorship in this clinical area provided adequate opportunities to enhance my clinical skills and knowledge.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

2. The preceptorship in this clinical area provided adequate opportunities to strengthen my communication skills with other members of the health care team.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

3. The preceptorship in this clinical area provided adequate opportunities to individualize my learning experiences to function as a provider of care.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

4. The length of the clinical preceptorship was adequate to meet my personal learning objectives.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

8. The length of the clinical preceptorship was adequate to evaluate my clinical performance.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

9. The preceptorship enhanced patient care.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

10. The Instructor/Coordinator was available for questions, concerns or problems.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

11. The preceptor was adequately prepared for the preceptorship experience.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

12. The preceptor was supportive of my learning needs.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

13. The preceptor was able to answer my questions, and instruct me in my skills practice.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

14. Comments:

Thank you for your support of the Re-Entry Nursing Program!

This completed form should be directed to: