

Preceptor Evaluation of Student / Two Week Observation
Carroll University Physician Assistant Program

Student Name: _____ Date: _____

Preceptor Name: _____ Rotation: _____

Please circle the appropriate response regarding your observation of the student at this point. If you would like the program to call regarding an area of competence please circle "call me".

1. The student acts in a professional manner.

(Dress, sense of responsibility, punctuality, compliance with policies, accepts criticism, etc.)

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

2. The student has a good work ethic, a positive attitude and demonstrates appropriate behavior and actions.

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

3. Student's cognitive knowledge and ability to synthesize information, interpret data, make clinical decisions, and formulate differential diagnosis and therapies is at a level appropriate for their training/standing as student.

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

4. The student performs clinical skills at a level appropriate for their training/standing as a student. (i.e., physical exams, procedures, follows guidelines, provides comfort and safety to patients)

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

5. The student interacts and communicates well with supervisors and staff of health care team as well as with patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

Student strengths:

Areas for improvement:

Concerns:

Preceptor Signature: _____ **Date:** _____

Questions? Contact the Carroll PA Clinical Education Department at CarrollPAClinEd@carrollu.edu or 262-524-7401

Please return this form to: CarrollPAClinEd@carrollu.edu or Fax to: 262-574-2686 Attn: PA Clinical Education