

Preceptor Evaluation of the Precepting Experience

Nursing 324—Nursing Capstone

Preceptor: _____ Student: _____

Name of Agency or Institution: _____

Please evaluate the following statements by selecting from the five responses. Please put a check mark by your response. You may also make comments following each statement.

1. Telephone conferences and meetings with nursing faculty were conducted with appropriate frequency.

Strongly Agree _____ Agree _____ Neither Agree or Disagree _____ Disagree _____ Strongly Disagree _____

Comments:

2. I felt free to discuss with nursing faculty any of my questions or concerns regarding my role as preceptor.

Strongly Agree _____ Agree _____ Neither Agree or Disagree _____ Disagree _____ Strongly Disagree _____

Comments:

3. I felt free to discuss with nursing faculty any concerns or questions regarding the student's progress, attitude, or performance.

Strongly Agree _____ Agree _____ Neither Agree or Disagree _____ Disagree _____ Strongly Disagree _____

Comments:

4. The nurse faculty's communication with hospital administration, unit managers and staff was appropriate and met the needs of the preceptor and student.

Strongly Agree _____ Agree _____ Neither Agree or Disagree _____ Disagree _____ Strongly Disagree _____

Comments:

