

Student Evaluation of Preceptor, Site, and Precepted Experience

Nursing 324– Nursing Capstone

Student: _____ Name of Preceptor: _____

Name of Agency or Institution: _____

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

The preceptor communicated openly with me about my clinical behaviors.

Strongly Agree _____ Agree _____ Neither agree or disagree _____ Disagree _____ Strongly Disagree _____

Comments:

The preceptor was consistently prepared for my clinical experience and used course objectives to make patient assignments.

Strongly Agree _____ Agree _____ Neither agree or disagree _____ Disagree _____ Strongly Disagree _____

Comments:

Both written and verbal feedback from the preceptor was constructive and helpful.

Strongly Agree _____ Agree _____ Neither agree or disagree _____ Disagree _____ Strongly Disagree _____

Comments:

Unit staff made me feel welcome and a part of the staff.

Strongly Agree _____ Agree _____ Neither agree or disagree _____ Disagree _____ Strongly Disagree _____

Comments:

The preceptor was appropriately available for my questions and concerns.

Strongly Agree _____ Agree _____ Neither agree or disagree _____ Disagree _____ Strongly Disagree _____

Comments:

