



**Oglala Lakota College**  
**Department of Nursing**  
**Student Profile**

Please complete the information requested below in order to enable the preceptor to become more familiar with your base line knowledge and learning style.

**Name:**

**Start Date:**

---

**Hospital:**

**Unit Assignment:**

---

**Learning Style Assessment:**

1. Check the type of feedback that best applies to you.

**I learn best when:**

- I observe someone else
- I read the information first
- I listen to the explanation first
- I try it myself and ask for help as I need it.
- Other \_\_\_\_\_

2. What do you consider your strengths?

---

3. What do you consider your weaknesses?

---

4. I like feedback on my performance :

- Daily
- Weekly
- Other \_\_\_\_\_
- Verbally
- In writing

5. The most important thing my preceptor should know about me is:

---