

Community College of Aurora EMS Program

Clinical/Internship Daily Shift Evaluation

Student: Please give this form to your preceptor at the beginning of the shift so they are familiar with what you are to be evaluated on. This form must be completed and signed by your preceptor, and turned into your primary instructor at CCA before you can get credit for the shift and the patient contacts.

Preceptor: Please take a few minutes at the end of the shift to complete this form. Please note that students **cannot** complete these forms and **will not** receive credit for a shift if this form is not completed.

Student Name: _____ Date: _____

PRECEPTOR USE ONLY BELOW THIS POINT

Preceptor: please print *clearly* _____ Agency: _____

Time in: _____ Time out: _____ On time?: Y N Total hours: _____

Please rate the student in each category using the following scale:

- 1 = **Unacceptable** – needs intervention and remediation.
- 2 = **Tentative** – needs frequent guidance.
- 3 = **Competent** – able to perform tasks with little or no guidance.
- 4 = **Good** – meets the expectations of this level of internship.
- 5 = **Excellent** – exceeds the expectations of this level of internship

Topic Evaluated	Score
Professionalism	
Motor skills	
Basic knowledge	
Scene management (internship only)	
Communications	
Patient management	

Please indicate the number of times the student performed each of the following procedures:

Intubation (oral and nasal)	
IVs (peripheral, IO and EJ)	
Medication administration (all routes)	
Assist with delivery of infant	
BVM (before and after intubation or LMA)	
Defibrillation, cardioversion and external pacing	
CPR	
Cricothyroidotomy and thoracic decompression	
Insertion of urinary catheters	
Insertion of NG & OG tubes	
Other:	

Comments and signature on second page!

Preceptor comments or concerns: _____

Preceptor signature: _____