

**Community College of Aurora EMS Program
Preceptor Feedback Form**

(To be completed by student for every shift)

Student Name: _____

Clinical Site: _____ Clinical Date: _____

Preceptor Name(s) _____

Please take a few minutes to evaluate your clinical site and preceptors. Your input helps us recognize valuable experiences and preceptors, while improving things that could be better.

Use the following rating scale:

1 = poor 2 = fair 3 = acceptable 4 = good 5 = excellent

Score	
	A clinical preceptor was assigned and available to me upon my arrival
	My clinical preceptor showed me around the facility and introduced me to other staff members
	My clinical preceptor took time to find out what I was there for and what I could do
	My clinical preceptor explained what was expected of me and what I could expect from my clinical
	My clinical preceptor allowed me to interact with patients and actively participate in their care
	My preceptor allowed me to perform the skills that I am qualified to perform
	My clinical preceptor was readily available throughout my shift, answered my questions, and offered constructive feedback
	My clinical preceptor showed enthusiasm towards teaching, and having students
	My preceptor was available to sign my paperwork and answer any questions I had at the end of my shift

Would you recommend this preceptor to other students? YES NO

Was this clinical site beneficial to your learning experience? YES NO

Were the facilities and equipment adequate? YES NO

Were your clinical objectives met? YES NO

What would make this a more valuable experience?

Comments: