

**University of Colorado Hospital
Evaluation of the Preceptor Form**

Complete this form for each preceptor who participates in your orientation. Return completed forms to your supervisor/educator/designee. Thank you.

Name of Preceptor: _____ Date: _____

Name of Orientee: _____ Unit: _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
Problem Solving/Critical Thinking					
• Selected assignments based upon my learning needs					
• Set realistic expectations for my performance					
• Helped me prioritize, organize, and problem solve					
AMAZE Standards					
• Was easily approachable, patient and encouraging					
• Conveyed a positive attitude and acted as a supportive role model					
Resource Utilization/Clinical Skills					
• Reviewed the standards for proficiency in skills and assessments					
• Demonstrated technical skills and showed (clinical) proficiency					
Feedback/Communication					
• Collaboratively developed my goals/objectives; assessed learning style					
• Provided constructive feedback; available to answer questions; used various teaching strategies					
• Evaluated my progress toward completing my goals/objectives					
• Helped me to feel confident and competent					

Strengths/Areas for Improvement

What did your preceptor do that was most helpful?

What could your preceptor do differently?