

Preceptor Evaluation of Student

Student: Sarah Godfrey Dates: Sept 25, 2024
Location: UND Center for Family Medicine Preceptor Name: Lisa Davis
Time arrived: 7:45 AM Time completed: 5:00 PM

Please Complete the following statements on a scale of 1-4:

- 1 – Performance less than expected (Poor)
2 – Performance fully as expected (Average)
3 – Performance higher than expected (Above Average)
n/a – Not Observed

3	Attendance and punctuality – reports on time to department and preceptor(s).
3	Professional appearance – wears name tag when required
3	Arrives prepared – shares objectives with preceptor and actively participates in care.
3	Maintains client confidentiality – HIPAA.
3	Provides safe, therapeutic and healing environment.
3	Communicates and collaborates effectively with clients/families/health care team.
3	Delivers nursing care in a nonjudgmental manner, sensitive to clients/families diversity and preserves clients/families autonomy, dignity and rights.
3	Provides professional nursing care utilizing the nursing process under the direct supervision of a health care professional (Preceptor)
3	Provides health promotion education to clients and families as needed.
3	Reports appropriate and pertinent information to the preceptor.
3	Documents pertinent client information in compliance with agency policies, if allowed.
3	Complies with agency policies and professional standards of nursing practice.
3	Displays leadership qualities – maturity, self-confidence, competence, accountability, professional appearance, and professional demeanor throughout the nursing practice experience.
NA	Remains poised in the face of frustration and/or crisis.
3	Takes initiative to help others without being asked.
3	Provides support to others, demonstrates team work.

Preceptor Comments:

Great Student.

Preceptor
Signature

Lisa Davis-Henry

Date:

9-25-24

****Please return this form to the student or via mail, in the enclosed envelope to Betsy Kanz or you may email to bmkanz@umary.edu****