

Appendix J: Preceptor evaluation of the course and course faculty

Preceptor Evaluation of Course

To be given to the preceptor by the student for completion at the end of each experience.
These may be mailed back to course faculty or the student may return to course faculty.

Course Number: _____

Semester: _____

Student Name: _____ UMC Faculty: _____

KEY: Circle as appropriate

1=Never 3=Often 5=Always NA = Not applicable

As the preceptor, I was provided:

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Contact information for the clinical faculty | 5 | 4 | 3 | 2 | 1 | NA |
| 2. A copy of the student's objectives and relevant evaluation forms | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Information about how to give feedback about the program and/or student and course | 5 | 4 | 3 | 2 | 1 | N/A |

The course faculty:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 4. Contacted me prior to the student beginning clinical | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Conducted a site observation at least once during the semester | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Informed me of changes in the student's status | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Informed me of expectations in the syllabus regarding clinical/didactic requirements and evaluation methods | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Was easily accessible to me | 5 | 4 | 3 | 2 | 1 | N/A |

Would you consider serving as a preceptor again in the future?

What suggestions do you have for improving the preceptor's experience?

What suggestions do you have for improving the student's experience?

Additional comments?

Signature: _____ Date: _____