



Preceptor Shadowing Site Evaluation

Please print or type

Preceptor Name

Title

Ethnicity

Facility

Address

City/County/Zip

Telephone

Email

Student Name

5 – Outstanding	4 – More than satisfactory	3 – Satisfactory
2 – Needs Improvement	1 – Unsatisfactory	N/A – Not observed

Description	5	4	3	2	1	N/A
Interest – motivated and eager to learn						
Participation – participated in activities						
Punctuality – arrived on time and prepared						
Attitude – displayed a positive approach to staff and others						
Appearance – clean, neat and professional attire						
Professional behavior – courteous and professional in all situations						
Stress Responses – maintained composure and able to function						
Maturity – demonstrated common sense, tact and empathy appropriate for patient care						

- Additional comments regarding student encounter:
- Before others act as a preceptor, they should know:
- What can ECMO AHEC do to improve the shadowing program?
- I would act as preceptor to another student sponsored by ECMO AHEC. Yes No Maybe

Additional comments and/or suggestions for this program: _____

Preceptor Signature

Date of Shadowing Experience

*MAHEC is required to report general demographic information about preceptors/participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. Your cooperation in the completion of this form is appreciated.

Please return completed form to: East Central Missouri AHEC 3115 South Grand Suite 313 St. Louis, MO 63118	For questions, please call: 314-772-9979
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