The University of Texas at Arlington School of Nursing
Graduate Program
Preceptor Evaluation of Nurse Practitioner Student

Student Name __________________________ Site __________________________ Date _____________
Course __________________________ Preceptor __________________________

Please use the following scale to indicate the student’s performance during this clinical.

N/A
0 = omits required items
1 = requires extensive help
2 = requires much help
3 = requires moderate help
4 = requires minimal help
5 = performs independently

ASSESSMENT

1. Obtains appropriate history for comprehensive, interval, or acute episodic visits. N/A 0 1 2 3 4 5
2. Performs the indicated exam in an organized, timely manner (i.e., physical, developmental and/or mental status). N/A 0 1 2 3 4 5

DIAGNOSIS

3. Formulates appropriate diagnoses, including differentials and rule-outs. N/A 0 1 2 3 4 5
4. Provides rationale for diagnoses. N/A 0 1 2 3 4 5
5. Interprets tests, procedures, and/or screening findings. N/A 0 1 2 3 4 5
6. Includes health maintenance, disease prevention, and/or health restoration. N/A 0 1 2 3 4 5

MANAGEMENT

7. Prescribes appropriate pharmacological therapies. N/A 0 1 2 3 4 5
8. Orders indicated diagnostic tests/procedures as appropriate. N/A 0 1 2 3 4 5
9. Performs clinical procedures as indicated. N/A 0 1 2 3 4 5
10. Provides health maintenance, disease prevention and/or disease management, education and counseling. N/A 0 1 2 3 4 5
11. Orders consults and/or referrals as indicated. N/A 0 1 2 3 4 5
12. Designates follow up as appropriate. N/A 0 1 2 3 4 5
13. Includes client in decision-making. N/A 0 1 2 3 4 5
14. Works collaboratively with health care personnel. N/A 0 1 2 3 4 5

PRESENTATION/DOCUMENTATION

15. Oral presentation is succinct and accurate. N/A 0 1 2 3 4 5
16. Written documentation is succinct, complete, and accurate. N/A 0 1 2 3 4 5
ROLE

17. Seeks and accepts constructive criticism. N/A  0  1  2  3  4  5
18. Uses effective communication skills. N/A  0  1  2  3  4  5
19. Presents a professional demeanor appropriate for clinical setting (i.e., appearance, dress, behavior, and language). N/A  0  1  2  3  4  5

Did the student communicate learning needs and objectives to preceptor? Yes___________  No___________

COMMENTS:


STRENGTHS:


AREAS NEEDING IMPROVEMENT:


SUGGESTIONS:


Preceptor Signature:______________________________  Telephone Number:__________________________________

Preceptor Name (Print):____________________________________________________

Would you like the student's advisor to contact you to discuss this student? Yes___________  No___________

Thank you for taking the time to complete this Evaluation Form. Please return the completed form to:

UTA NP Program
Attention:________________________________________  Clinical Advisor
P. O. Box 19407 / 411 S. Nedderman Drive
UTA School of Nursing
Arlington, TX 76019-0407
Office: (817) 272-2043
FAX: (817) 272-5006

Thank you for your service to the profession and to the UTA School of Nursing!