

PART 4: PRECEPTOR'S SECTION

Foundation for Surgical Technology Preceptor Reference Form

Preceptors: Rate the applicant on each of the following characteristics. Students may submit only one reference from a preceptor. If student has not reached the clinical portion of the program, this form should not be attached.

Last name of applicant _____ First _____ Middle _____

Trait	Outstanding	Above Average	Average	Below Average
Adaptability				
Adherence to Policies, Procedures				
Attentiveness				
Attitude				
Case Participation				
Case-specific Concepts				
Conduct				
Cooperation				
Initiative				
Interpersonal Skills				
Manual Dexterity				
Professional Appearance				
Reliability				
Surgical Conscience				
Surgical Technique				
Teamwork Skills				

Preceptor's Name (Please print) _____

Preceptor's Signature _____ Date _____

Preceptor: Please email the completed reference form to the student's instructor.