



**SCHOOL OF SURGICAL TECHNOLOGY
CLINICAL PRECEPTOR EVALUATION**

Student Name: _____

Date: _____

Preceptor: _____

1. My assignments are clearly explained and presented in a timely manner.
_____ YES _____ NO
2. My clinical evaluations are performed on schedule.
_____ YES _____ NO
3. My preceptor arranges positive learning experiences for me.
_____ YES _____ NO
4. My preceptor demonstrates concern for my education and encourages me to succeed.
_____ YES _____ NO
5. My preceptor provides criticism in a constructive and professional manner.
_____ YES _____ NO
6. My preceptor demonstrates a positive, professional attitude.
_____ YES _____ NO
7. My preceptor provides appropriate information about the surgical procedure.
_____ YES _____ NO
8. My preceptor's strengths:
9. My preceptor needs to improve:

Comments: