



## SCHOOL OF SURGICAL TECHNOLOGY

### Daily Clinical Evaluation

Date: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Student: \_\_\_\_\_ Facility: \_\_\_\_\_

Please note that it is our goal to ensure students are performing and behaving with high standards. We ask that our preceptors be open and honest as to performance and attitude, with constructive criticism so that our students understand the areas they need improvement in and where they excel. Please feel free to contact us with any concerns. Contact information is below.

4=Excellent	3=Above Average	2=Average	1=Below Average	0=Poor
Student's Role				Performance
OVERALL PERFORMANCE FOR THE DAY:				4 3 2 1 0
DID THE STUDENT SHOW INITIATIVE AND INTEREST?				4 3 2 1 0
PLEASE RATE THE STUDENT'S ASEPTIC TECHNIQUE.				4 3 2 1 0
HOW WELL DID THE STUDENT ACCEPT CONSTRUCTIVE GUIDANCE?				4 3 2 1 0
PLEASE RATE THE STUDENT'S ANTICIPATION.				4 3 2 1 0
DID THE STUDENT DISPLAY GOOD APPLICATION OF TIME?				4 3 2 1 0
WAS THE STUDENT ABLE TO APPLY PREVIOUS KNOWLEDGE?				4 3 2 1 0
STUDENT ARRIVED ON TIME; ASSISTED IN PREPARING ROOM				YES NO

Preceptor Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

(S1=First scrub, S2=Second scrub, O=Observed)

Case	Surgeon	S1	S2	O	Preceptor Signature

☐ Please check here if you do not want to comment and would like to speak with an instructor.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

COMMENT \_\_\_\_\_  
 \_\_\_\_\_

**Instructor Contact Information:**