Angelo State University
Department of Nursing and Rehabilitation Sciences
MSN Nurse Educator Student Evaluation of Preceptor / Clinical Facility
NUR 6308 – Leadership & Practicum in Nursing Education
Semester/Year: _____

Student: _____ Date: _____

Preceptor: _____

Facility: _____

Criteria ***My preceptor***	**Strongly Disagree** **1**	**Disagree** **2**	**Neutral** **3**	**Agree** **4**	**Strongly Agree** **5**
1) demonstrates understanding of the educator role.	☐	☐	☐	☐	☐
2) offers constructive comments related to instruction/ lesson plans.	☐	☐	☐	☐	☐
3) readily offers alternative teaching/learning strategies.	☐	☐	☐	☐	☐
4) encourages student evaluation in the learning setting.	☐	☐	☐	☐	☐

The Clinical Experience with this Preceptor is worth continuing for other students. ☐ Yes ☐ No

Additional Comments related to your experience:

_____

Student Signature Date