

Angelo State University
Department of Nursing
Nurse Educator Program
Student Evaluation of Preceptor / Facility Form

Student: _____ **Course 6348**___ / **6349**___ **Semester**_____/ **Year:** _____

Preceptor: _____ **Facility:** _____

Criteria	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
<i>My preceptor</i>					
1) The preceptor effectively coaches students in integrating knowledge in practice.					
2) The preceptor exhibits professional communication skills that facilitate learning.					
3) The preceptor role models strong clinical reasoning skills.					
4) The preceptor role models compassion and care in professional practice					
5) The preceptor facilitates development of organizational and leadership traits.					
6) The preceptor exhibits a positive attitude for coaching students.					
7) The preceptor was available for clinical experiences.					
8) The facility was appropriate for student learning experiences.					

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

Additional Comments related to your experience:

Student Signature

Date

Revised summer 2019