EVALUATION OF PMHNP STUDENT CLINICAL PERFORMANCE

*\*Student to complete at the beginning of the term & upload in TRACS Assignments*

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

Quarter in program (1—2—3---4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full Time\_\_\_\_\_\_Part Time\_\_\_\_\_

Clinical Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SON Faculty Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Evaluation: from\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ TERM (1—2—3---4): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This evaluation is designed to provide feedback to the student and to the clinical faculty about strengths and weaknesses in the student's clinical performance this quarter.*

***Student Instructions:***

Formulate 2–3 written goals, based on the competencies listed below, for your clinical experience at the beginning of each term (1—2—3---4).

Discuss this with your preceptor and have your preceptor sign this form, also at the beginning of the term. Return to your assigned clinical faculty.

This will provide a place to begin to plan your clinical experience for the term. Then, provide your preceptor with a copy of this evaluation again at the end of the term for them to complete.

It is also helpful if you can rate your own performance. Rate yourself by drawing a vertical line along the horizontal line that best measures your level of competency.

Student signature of term (1—2—3---4)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Preceptor:***

Your signature at the beginning of the term indicates the student has discussed their goals with you at that point. At the end of the term, please indicate (on a scale of 1 to 10) your estimate of the student's performance that term, relative to other students at about the same point in their program, and relative to their goals.

Student will write these goals with preceptor.

Student goals (2–3) for this term (1—2---3---4)

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| --- |
| Student Goals: |
| 1)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Preceptor signature of term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_