COLLABORATIVE NURSE PRACTITIONER PROGRAM

SASKATCHEWAN POLYTECHNIC | University of Regina

Preceptor Feedback Form
MNUR 802 Advanced Health Assessment and Diagnostic Reasoning

Student Name: _____ **Student ID:** _____

Preceptor Name: _____ **Semester Date:** _____

Preceptor Information

1. This is an observational experience.
2. Direct instruction from preceptor is needed to guide actions.
3. Student can assist with health history and physical exam components under the direct supervision of the preceptor.

Performance Indication Achieved by the End of Practice Education Experience

Preceptor will rate the student achievement of each of the indicators by selecting the most appropriate response using the scale provided.

Practice Education Performance Indicator	Consistently/ Exceeding Expectations	Usually/ Meeting Expectations	Occasionally/ Progressing Towards Expectations	Rarely/ Not Meeting Expectations
1. Student engaged in the experience.	☐	☐	☐	☐
2. Student professional in appearance and conduct.	☐	☐	☐	☐
3. Student developed understanding of the nurse practitioner role and can articulate it.	☐	☐	☐	☐

Verification of Number of Practice Education Hours:

Preceptor Progress Comments:

The final evaluation requires submission of a completed evaluation form. As the preceptor I am requesting follow up communication with the Clinical Faculty post completion of clinical hours.

☐ Yes ☐ No

I attest that the number of hours on this document reflects time spent in practice education experience and I have discussed this evaluation with my preceptor.	I have discussed the completed form with the student and have made comments as needed.
Student (print):	**Preceptor (print):**
Student Signature:	**Preceptor Signature:**
Date: Click or tap to enter a date.	**Date:** Click or tap to enter a date.