# Daily Student Self-Evaluation of Clinical Performance

**STUDENT NAME:** ____________________________  **Week of** ____________________________

The following is a daily check list to be completed by the student and reviewed with the preceptor.

Please fill in the date and the number of student hours under the respective day of the week. Evaluate clinical performance for each clinical day using the following:

- **E** = Excellent;  
- **S** = Satisfactory;  
- **NI** = Needs Improvement

Any areas needing improvement need goals set for improvement – document under goals.

## Daily Evaluation

<table>
<thead>
<tr>
<th>Date:</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
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<tbody>
<tr>
<td><strong>Number of Student Hours:</strong></td>
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1. Subject Knowledge
2. Professional Behavior
3. Client Interaction
4. Psychomotor/Clinical Skills
5. Safe Performance
6. Organization
7. Time management
8. Collaboration
9. Flexibility
10. Clinical Judgment/Critical thinking
11. Level of involvement in learning

## Goals for Improvement:

<table>
<thead>
<tr>
<th>Date</th>
<th>Goal(s) – continue on reverse side as needed</th>
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**Signature of STUDENT:** ____________________________  **Date:** __________

**Signature of PRECEPTOR:** ____________________________  **Date:** __________

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Created December 2010, Revised April 2012