

MERCER COUNTY COMMUNITY COLLEGE  
 DIVISION OF SCIENCE AND HEALTH PROFESSIONS  
 NURSING PROGRAM  
 TRANSITION TO PRACTICE NRS240  
 Daily STUDENT SELF EVALUATION OF CLINICAL PERFORMANCE

STUDENT NAME: \_\_\_\_\_

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

*Any areas needing improvement need goals set for improvement*

|    | Daily Evaluation                      | Excellent | Satisfactory | Needs Improvement |
|----|---------------------------------------|-----------|--------------|-------------------|
| 1. | Subject Knowledge                     |           |              |                   |
| 2. | Professional Behavior                 |           |              |                   |
| 3. | Client Interaction                    |           |              |                   |
| 4. | Psychomotor Skills                    |           |              |                   |
| 5. | Safe Performance                      |           |              |                   |
| 6. | Organizational/Time management skills |           |              |                   |
| 7. | Collaboration                         |           |              |                   |
| 8. | Flexibility                           |           |              |                   |
| 9. | Critical thinking skills              |           |              |                   |
| 10 | Level of involvement in learning      |           |              |                   |

GOALS:

Signature of STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PRECEPTOR: \_\_\_\_\_ Date: \_\_\_\_\_