

MERCER COUNTY COMMUNITY COLLEGE
 DIVISION OF SCIENCE AND HEALTH PROFESSIONS
 NURSING PROGRAM
 NRS 240 TRANSITION TO PRACTICE

RN PRECEPTOR EVALUATION OF STUDENT CLINICAL PERFORMANCE

STUDENT NAME: _____ **Week of** _____

The following is a daily check list to be completed by preceptor and submitted weekly.

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

Please comment on student progress on improvement goals in the area below.

Daily Evaluation	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Fill in date for clinical hours:								
Number of Student Hours:								
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								

Progress on Improvement Goals:

Signature of STUDENT: _____ **Date:** _____

Signature of PRECEPTOR: _____ **Date:** _____