

EVALUATION FORM

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

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	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date:								
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								

Goals for Improvement:

Date	Goal(s) - continue on reverse side as needed

Signature of STUDENT: _____ Date: _____

Signature of PRECEPTOR: _____ Date: _____