

Student Nurse Preceptorship Evaluation
St. Vincent's East

Student Name: _____
Nursing Unit: _____
RN Preceptor Name: _____
Semester or Dates of Preceptorship _____

We are ever striving to improve the learning opportunities we provide to nursing students through student nurse preceptorships. Please take a moment to complete the questions below so that we can evaluate our effectiveness in preparing students to transition to the work environment as a Registered Nurse. If you have additional comments or desire to speak with me personally, please do not hesitate to contact me either by phone or email.

Please return this completed evaluation either by fax, email, or postal mail. Thank you so much for your input and for choosing St. Vincent's as your clinical site!

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Please circle the answer that most closely matches your assessment.

1. Overall I would rate my preceptorship experience at St. Vincent's East:

Excellent Good Fair Poor

2. Overall I would rate my preceptor as:

Excellent Good Fair Poor

3. My preceptor: (circle all that apply)

- a. was an effective teacher
- b. was approachable
- c. demonstrated enthusiasm about the work
- d. was knowledgeable and comfortable teaching me the skills
- e. was patient with me and coworkers
- f. was difficult to communicate with
- g. was sometimes rushed / impatient
- h. had a negative attitude
- i. was unable to answer my questions or obtain the information I requested

4. I would recommend St. Vincent's to other students. YES NO
5. I would recommend my preceptor to other students. YES NO
6. My goals and objectives for the semester were: (circle one)
- Exceeded Met Partially met Not met

If goals/objectives not met, please explain:

COMMENTS (Please share with us any information that will help us improve our work with future students. Your comments will be held confidential.)