

**SCHOOL OF SURGICAL TECHNOLOGY  
CLINICAL PRECEPTOR EVALUATION**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

1. My assignments are clearly explained and presented in a timely manner.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
2. My clinical evaluations are performed on schedule.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
3. My preceptor arranges positive learning experiences for me.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
4. My preceptor demonstrates concern for my education and encourages me to succeed.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
5. My preceptor provides criticism in a constructive and professional manner.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
6. My preceptor demonstrates a positive, professional attitude.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
7. My preceptor provides appropriate information about the surgical procedure.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO
8. My preceptor's strengths:
  
  
  
  
  
  
  
  
  
  
9. My preceptor needs to improve:

Comments: