|  |  |
| --- | --- |
|  | **PRECEPTOR RESIDENCY FORM** |

**SCHOOL OF HEALTH ADMINISTRATION**

Faculty of Health Professions

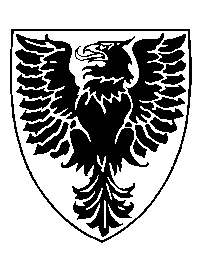
Dalhousie University

5161 George Street, Suite 700, PO Box 15000

Halifax, NS B3H 4R2

Phone: (902) 494-7097

Fax: (902) 494-6849



N***ote: Forms can be downloaded in Word format at*** [***dal.ca/sha***](http://www.dal.ca/sha)

**Preceptor/Resident Evaluation Form**

**Student Name**

**Agency/Organization**

**Preceptor Name and Title**

**Purpose:** *The intent of this evaluation form is to provide the graduate student positive feedback on skill areas of strength, as well as skill areas requiring further development. All evaluation criteria must be met, otherwise student may be required to complete other duties.*

**Instructions:** a) The completed evaluation form should be provided by the preceptor to the graduate student at the conclusion of the Residency experience.

1. The student and preceptor are expected to complete, discuss and sign the evaluation form, indicating their concurrence with or rejection of the evaluation findings.
2. Successful completion of the Residency demands a minimum of a pass grade.
3. Final approval is required by the Residency Coordinator.
4. The student understands the structure/policies/function of the organization or agency in which the Residency occurs:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

|  |  |
| --- | --- |
|  | **PRECEPTOR RESIDENCY FORM CONTINUED** |

1. The student appreciates the social, political, and economic context in which the organization or agency exists and functions:

Has exceeded requirement

Has met requirement

Has not met requirement

***Comments*:**

1. The student participates as an effective team member:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

1. The student makes constructive suggestions:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

1. The student accepts constructive criticism:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

|  |  |
| --- | --- |
|  | **PRECEPTOR RESIDENCY FORM CONTINUED** |

1. The student demonstrates initiative in exploring new subject areas and supplementing current knowledge:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

1. The student completes assigned work and expected duties by appropriate deadlines:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

The student demonstrates effective verbal and written communication skills:

Has exceeded requirement

Has met requirement

Has not met requirement

*Comments*:

**Narrative Section**



The strongest points of this student’s performance during the Residency were:

|  |  |
| --- | --- |
|  | **PRECEPTOR RESIDENCY FORM CONTINUED** |

Based on the Residency performance, this student could improve in the following areas:

I recommend a grade of Pass Fail

be granted to

Date:

Signed: (*Preceptor*)

*Student:* Please sign below if you have read and discussed this evaluation with your Preceptor.

Date:

Signed: (*Student*)

FOR OFFICE USE:

Date:

Residency Coordinator: