

TEEX EMS PRECEPTOR EVALUATION OF STUDENT

Class Level	Basic	Intermediate	Paramedic	Student Name:		
Rotation Date:				Preceptor Name:		
Clinical Site:				Department:		
Please rank student performance from "1" to "5" with 1 being "poor" to "5" being "excellent"						
CATAGORY		RATING			1. Please Write a brief comment on all areas of performance where the rating is a "1" or "2"	
ASSESSMENT						
Primary Assessment	N/A	1	2	3	4	5
Secondary Assessment	N/A	1	2	3	4	5
Medical History	N/A	1	2	3	4	5
SKILLS PERFORMED						
Patient Relations	N/A	1	2	3	4	5
Lifting and Moving	N/A	1	2	3	4	5
Airway Maintenance	N/A	1	2	3	4	5
Oxygen Administration	N/A	1	2	3	4	5
Bag Valve Mask	N/A	1	2	3	4	5
Suctioning	N/A	1	2	3	4	5
CPR Adult/Child/Infant	N/A	1	2	3	4	5
Esophageal Airway	N/A	1	2	3	4	5
ETT Intubation	N/A	1	2	3	4	5
PASG Monitoring/Removal	N/A	1	2	3	4	5
IV Cannulation	N/A	1	2	3	4	5
Medication Administration	N/A	1	2	3	4	5
ECG Recognition	N/A	1	2	3	4	5
Defibrillation/Cardioversion	N/A	1	2	3	4	5
REPORTING					2. List at least 2 tasks that the student can do to improve performance on the item(s) listed above.	
Radio Operation	N/A	1	2	3	4	5
Oral or Tadio Reporting	N/A	1	2	3	4	5
Documentation	N/A	1	2	3	4	5
Log Book and Misc. Records	N/A	1	2	3	4	5
PROFESSIONALISM					3. List 2 things the program instructor can do to help the student improve performance in support of the task(s) listed in number one	
Attitude	N/A	1	2	3	4	5
Enthusiasm	N/A	1	2	3	4	5
PLEASE USE THE BACK OF THIS FORM IF NEEDED.						
General Appearance	N/A	1	2	3	4	5
Professional Behaviour	N/A	1	2	3	4	5
				Date:		Preceptors Signature
				Date:		Student Signature