

Preceptor Evaluation of Student Performance

P105/P205

Student Name _____

Taking all practicum activities into consideration, rate the total performance of this student.

	Excellent	Very Good	Good	Fair	Poor
Circle no.	5	4	3	2	1

List areas in which the student may need further mentoring/experience:

Additional comments:

Would you recommend this student for credentialing? Yes _____ **No** _____

Preceptor Signature _____ **Date** _____

Completed evaluation must be faxed or mailed to clinical instructor after a preceptor conference with student to discuss outcomes of practicum experience and before the end of the semester. **Fax** completed evaluation forms to the attention of SNSC Faculty at (559) 228-2168; or **mail** to the attention of the student's clinical instructor to *CSU Fresno School Nurse Services Credential Program, Central California Center for Excellence in Nursing, 1625 E. Shaw Ave., Suite #146, Fresno, CA 93710.*