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**INSTRUCTOR/PRECEPTOR EVALUATION QUESTIONNAIRE**  
**FIELD INTERNSHIP**

**Instructor/Preceptor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Station:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

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

**Please answer the following questions with a yes or a no. If you marked no, please provide an explanation in the spaces provided below. Thank you ahead of time for your feedback.**

	<b><u>YES</u></b>	<b><u>NO</u></b>
1. The instructor/preceptor arrived on time for the rotation.	_____	_____
2. The instructor/preceptor clearly explained their expectations.	_____	_____
3. The instructor/preceptor acknowledged and answered my questions in a respectful manner.	_____	_____
4. The instructor/preceptor provided me with various learning opportunities through observation and performance of skills.	_____	_____
5. The instructor/preceptor provided assistance as requested.	_____	_____
6. The instructor/preceptor allowed enough time to complete tasks within a safe parameter of patient care.	_____	_____
7. The instructor/preceptor provided constructive and timely feedback.	_____	_____
8. The instructor/preceptor was able to explain concepts in a manner that was easy to comprehend.	_____	_____
9. The instructor/preceptor was helpful and made me feel at ease.	_____	_____
10. I would feel comfortable working with this instructor/preceptor again.	_____	_____

**COMMENTS:**

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