



Clinical Rotations Evaluation Form

Student Name _____ Date: _____ Time in/preceptor initials: _____ Time Out/preceptor initials: _____

Preceptor Name/Title: _____ Hospital/Ambulance Company: _____

Hospital and Ambulance Staff: Each EMT student must document a minimum of 10 patient assessments during his/her limited field internship hours. We realize that the student may not have the opportunity to perform such assessments, however the *documentation is still necessary based on their observations*. We request that preceptors encourage the students to perform the patient assessments. Thank you.

AREA BELOW MUST BE COMPLETED BY PRECEPTOR

Please circle Yes or No for the following items. If “no” please document in the comments section below.

Professionalism	Yes or No	Seeks to Improve/Learn	Yes or No	Proper Uniform	Yes or no
Self- Motivation	Yes or No	Courteousness	Yes or no	Proper Grooming	Yes or no

AREA BELOW MUST BE COMPLETED BY PRECEPTOR and EMT Student:

Performance Standards:

- 1- Requires instruction and prompting when performing assessment/skill;
- 2- Able to perform assessment/skill with minimal instruction.
- 3- Able to perform assessment/skill without instruction or prompting.
- 4- N/A= Not applicable (Did not perform skill)

EMT Skills	Student completes			Preceptor Completes			
	Observed	Assisted	Performed	Rating – please circle			
Airway adjuncts- Op/NP				1	2	3	NA
Suctioning – trach				1	2	3	NA
Suctioning – oral				1	2	3	NA
BVM				1	2	3	NA
CPR				1	2	3	NA
Oxygen administration				1	2	3	NA
Vital signs				1	2	3	NA
Auscultate Lung Sounds				1	2	3	NA
Meds – Nitro/Albut/Epi-pen				1	2	3	NA
Meds – Glucose/D50				1	2	3	NA
Primary Assessment				1	2	3	NA
Secondary Assessment – SAMPLE/Physical exam				1	2	3	NA
Dressings/Bleeding control				1	2	3	NA
Rigid Splint				1	2	3	NA
Traction Splint				1	2	3	NA
Spinal Immobilization				1	2	3	NA
Assisting with ALS skills				1	2	3	NA

Comments: (i.e.-suggestions for improvement and overall impression)

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By signing below you are verifying that you have completed the preceptor sections of this evaluation tool.

Preceptor signature:	Printed Name:
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