The College of St. Scholastica  
Department of Graduate Nursing  
Evaluation of The St. Scholastica Student By Preceptor

Academic Year: __________________________ Date: __________________________

Course Title: ___________________________ Faculty __________________________

Clinical Site: __________________________

Preceptor: __________________________

Student: __________________________

Your feedback about the clinical experiences of nursing graduate students enrolled at The College of St. Scholastica will help us to evaluate their learning in your setting. We would greatly appreciate your responses to the questions below, as well as any suggestions you might have to improve the process. Thank you.

In what way(s) were the student’s clinical objectives communicated to you? Were they understandable?

What aspects of the student’s clinical learning needs could be made clearer to you?

Was this site appropriate for the student to achieve the stated objectives? Were the student’s clinical objectives met?

How would you describe the student’s current ability to function in an advanced practice role?
How did the student demonstrate advanced knowledge and skill within the specialty?

How did the student demonstrate critical thinking processes?

How would you describe the student’s interpersonal skills?

How might the student’s clinical learning be enhanced?

Additional comments/suggestions:

Signature: __________________________________________

Position: ________________________________________________________________________________

Date: __________________________________________________________________________________

Please return this form in the attached return envelope to:

___________________________________________(Course Faculty Member)
Department of Graduate Nursing
The College of St. Scholastica
1200 Kenwood Avenue
Duluth, MN 55811