

**South Plains College**  
**Emergency Medical Services Program**  
**Student Evaluation of Clinical/Field Preceptors**  
*This evaluation will not effect your grade in any way*

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Please circle the course you are enrolled in  
 Basic                      Intermediate                      Paramedic

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*Site/Unit:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
 Preceptor Name (optional) \_\_\_\_\_

	Place a mark on the line in response to each	
question	No!	Yes!
	0-----5-----	-----10
I understood what was expected of me in the clinical/ field setting	-----	-----
The preceptor took time to determine what needs/competencies were	-----	-----
The opportunities for learning and patient care were adequate	-----	-----
I had the opportunity to discuss and ask questions with my preceptor	-----	-----
I was encouraged to think and problem solve	-----	-----
The preceptor made the experience positive for me	-----	-----
The preceptor was fair	-----	-----
I would recommend this preceptor	-----	-----
I found the experience worth-while	-----	-----
My expectations were met	-----	-----

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**Comments:** (it would be very helpful to have specific recommendations or comments in order to improve the field/hospital experience in the future)