

Preceptor and Internship Site Evaluation

Students: Please complete this evaluation upon the completion of your internship and return to your faculty supervisor.

Date: _____
Facility/Organization: _____
Site Supervisor: _____

Choose the number which best describes your perception from the list below:

- 6 = I felt exceptionally prepared
- 5 = I felt well prepared
- 4 = I felt adequately prepared
- 3 = I felt somewhat prepared
- 2 = I felt poorly prepared
- 1 = I felt not at all prepared

1. Administrative procedures/departmental policies

Exceptionally 6 5 4 3 2 1 Not at all

2. Departmental/organizational chain of command

Exceptionally 6 5 4 3 2 1 Not at all

3. Scheduled daily/weekly activities

Exceptionally 6 5 4 3 2 1 Not at all

4. Staff Introductions

Exceptionally 6 5 4 3 2 1 Not at all

5. Physical Layout of facility

Exceptionally 6 5 4 3 2 1 Not at all

Please indicate your perception of the effectiveness of the preceptor/site supervisor from the list below:

1. How often did your preceptor/site supervisor observe you during your work?

Frequently 6 5 4 3 2 1 Never

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2. How often did you have an opportunity for communication/discussion with your preceptor/site supervisor?

Frequently 6 5 4 3 2 1 Never

3. How often did you and your preceptor/site supervisor discuss the specific skills you were attempting to master?

Frequently 6 5 4 3 2 1 Never

4. How often did you receive informal feedback from your preceptor/site supervisor?

Frequently 6 5 4 3 2 1 Never

5. In your opinion, were the evaluations of your performance based on objective information?

Frequently 6 5 4 3 2 1 Never

Answer the following:

1. What did you feel were the strengths of your academic preparation for your site experience?
2. What did you feel were the weaknesses of your academic preparation for your site experience?
3. Please describe any experience you were exposed to that was not included in your academic preparation.
4. Describe any changes in the site experience that may be beneficial for future students.