TO BE COMPLETED EACH DAY

HCC Respiratory Therapy Program
Daily Student Evaluation

Date _______________ Clinical Site ___________________ Student ________________________________

Arrival Time ___________ Departure Time ___________

All parts of this form except the date, clinical site and name of the student are to be completed by the instructor/preceptor.

Thank you for assisting this student to learn during their experiences today. Based on your interactions with this student today, please provide some feedback to us regarding their performance. Please consider at least the following areas of the person’s activities today: Punctuality and time management, appearance, knowledge of respiratory care, knowledge of patients, evaluation of effect of therapies, attitudes and interactions with patients and professionals, professionalism, confidence, communications and documentation.

In what ways did the student impress you today?

How would you suggest the student improve on their performance?

_______________ Daily score: (1, Poor  2, Below expected 3, Average 4, Above expected 5, Outstanding

__________________________

Did you validate the Daily Clinic Log Yes / No

__________________________

Instructor Signature

__________________________

Student Signature

Thank you. You may send this form with the student.