

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

One Week Check In

Who will be filling-up the form? : Student, Admin

Workflow Details: Student fills and submits the form, Admin reviews the form

Notification Details: Response-based notification are activated

One Week Check In

Please Select Rotation Length (8-week rotations are for the same site & preceptor ONLY)*

4-week 8-week

How many shifts have you completed prior to submitting this report?*

Preceptor*

Do you have any concerns about the preceptor(s)/site/environment? *

Yes No Maybe

Are you receiving appropriate supervision?*

Yes No

What is your current level of involvement with patient care? Select ALL that apply. *Direct Patient Care may be applied to in-person and/or telemedicine situations

Do you notice any concerns in the office environment in which you are working that are unusual or that you would like to report?*

Yes No Maybe

During this rotation, have you experienced or observed any situations where security measures or personal safety protocols were inadequate, missing, or not followed? (Examples might include: unsecured areas, lack of proper PPE, exposure incidents, verbal/physical threats, unsafe parking conditions, etc.)*

Yes No

Do you anticipate any days off during this rotation? If so, have these been approved by the Experiential Team? *

Yes No

Do you want to talk about anything else specifically? Briefly describe, and indicate if you prefer to talk about this in private with a faculty member instead of documenting here. *

Yes No

Does the schedule provided by your site/preceptor allow you to meet a MINIMUM of 32 hours per week on the rotation?*

Yes No

If you have any additional concerns, please note them here.

Student Signature

Electronic Signature

Please use your mouse or touchscreen to draw your signature in the space provided below.*



Clear

If preferred or required for accessibility purposes, you may check the box to indicate your electronic signature.

Date of Student Signature*

MM/DD/YYYY

