

GS 410 MEDICAL PRECEPTORSHIP EVALUATION FORM

Thank you for supervising a GS410- Medical Preceptor. Students receive a pass/no pass grade as credit for taking part in the preceptorship program. As part of the student's evaluation, we are soliciting your comments on his or her performance. Please circle (if e-mailed, highlight) the appropriate number in the categories listed below. In addition, please feel free to include any additional written comments. Students may request access to the top portion of this evaluation.

Student's Name: _____ Term: _____

	Poor		Average		Outstanding
Intellectual curiosity: ingenuity, curiosity	1	2	3	4	5
Verbal skills: clarity, coherence	1	2	3	4	5
Manner: politeness, poise, courtesy, tact	1	2	3	4	5
Attitude: sincerity, honesty, integrity	1	2	3	4	5
Maturity: stability, judgment, dependability	1	2	3	4	5
Deportment: professional conduct	1	2	3	4	5
Interpersonal skills: capacity for team work	1	2	3	4	5
Initiative: work habits, problem-solving skills	1	2	3	4	5
Motivation: for this profession	1	2	3	4	5

Additional comments: Please provide us with any additional comments on any outstanding attributes or abilities, areas of improvement, recommendations for further development, or any other relevant items not included above:

The following assessment is confidential

Overall impression: Please rate this student's suitability for a career in this profession, based on your impression.

Please circle one of the following:

Highly Suitable Well Suited Suitable Poorly Suited Not Suitable

Evaluator's signature _____ Position _____

Evaluator's name _____

E-mail address _____

Address _____

Please submit form to:

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