

**The Pennsylvania State University  
College of Nursing  
RN to B.S.N. Student  
NURS 417 Clinical Evaluation Form**

**TO BE COMPLETED BY STUDENT, PRECEPTOR, AND FACULTY**

Name: \_\_\_\_\_

Course: \_\_\_\_\_ Section: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Instructor: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Unit: \_\_\_\_\_

Agency Address: \_\_\_\_\_

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**I. Clinical Evaluation:**

A. Student Strengths:

B. Students Areas Needing Improvement:

C. Overall Narrative Summary:

2. Recommended Clinical Evaluation (Satisfactory/Unsatisfactory): \_\_\_\_\_

3. How well were the program and/or student objectives achieved/not achieved?

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_