

**The Pennsylvania State University
College of Nursing
RN to B.S.N. Student
NURS 417/NURS 465/NURS 475
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: _____

1. Student Self-Evaluation

A. Clinical Objectives met? ____ Yes ____ No

B. Strengths:

C. Areas Needing Improvement:

D. Overall Narrative Summary:

2. Preceptor Feedback

A. Student Strengths:

B. Students Areas Needing Improvement:

C. Overall Narrative Summary:

3. Faculty Evaluation

A. Student Strengths:

B. Students Areas Needing Improvement:

C. Overall Narrative Summary:

4. Recommended Clinical Evaluation ___Satisfactory ___Unsatisfactory

5. Were the course objectives achieved? ___Yes ___No

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Faculty Signature: _____ Date: _____