# The Pennsylvania State University College of Nursing

**RN to B.S.N. Student**

**NURS 475 and NURS 495**

 **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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1. **Student Self-Evaluation**
	1. Clinical Objectives met? \_\_\_\_Yes \_\_\_\_No
	2. Strengths:
	3. Areas Needing Improvement:
	4. Overall Narrative Summary:

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1. **Preceptor Feedback**
	1. Student Strengths:
	2. Students Areas Needing Improvement:
	3. Overall Narrative Summary:
2. **Faculty Evaluation**
	1. Student Strengths:
	2. Students Areas Needing Improvement:
	3. Overall Narrative Summary:
3. Recommended Clinical Evaluation \_\_\_\_Satisfactory \_\_\_\_Unsatisfactory\_\_\_\_\_\_
4. Were the course objectives achieved? \_\_\_\_Yes \_\_\_\_No

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Student Signature: Date:

Preceptor Signature: Date:

Faculty Signature: Date:

Revised 4/17/20