THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF NURSING Student Evaluation of Preceptor/Mentor

Preceptor/Mentor Name:	Date:
Please answer the questions below using t	he rating scale that follows:
7 = strongly agree	3 = mildly disagree
6 = agree	2 = disagree
5 = mildly agree	1 = strongly disagree
4 = neutral	0 = not applicable or cannot evaluate
the student/faculty for the assig Comment:	to support the student in meeting the objectives identified by nments and/or experiences. with selecting assignments and/or experiences which
3. The preceptor/mentor assisted challenging and within the scope Comment: 4. The preceptor/mentor was avail Comment:	able for assistance.
5. The preceptor/mentor was a po Comment:	sitive role model for professionalism.
based practices. Comment:	rated respect for the student, and if applicable clients and
	meaningful and objective feedback to the student regarding s.
	cated as needed with the student and course faculty (if ogress and maintain open communication.
	we value your feedback. Please take a moment to share with us how will use this to improve future preceptor/mentor experiences.

Created April 2020 Approved June 2020 Revised Mar 2021