Lehman College Department of Nursing Graduate Nursing Program

APRN- STUDENT EVALUATION OF SITE/PRECEPTOR

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are
YesNo
YesNo
YesNo
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7. Did you do any health teaching for the patients and families?

____Yes ____No

- 8. Was your preceptor available when you needed him/her? _____Yes ____No
- 9. Did your preceptor provide with you relevant and high quality input related to your clinical experience?
 Yes _____No

10. During your clinical practicum were the following areas adequately covered:

Health History & Physical Assessment	AssessmentYes	
• Laboratory Data and Analysis	Yes	No
• Diagnosis and Plan of Care	Yes	No
 Documentation / EHR 	Yes	No
• Referrals	Yes	No

Comments: (What would you add or change)

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Rate the Overall quality of	the clinical site for th	is semester?		
Outstanding	High Average	Average	Poor	
Comments:				
Rate the Overall quality of	the clinical preceptor	for this semester?		
Outstanding	High Average	Average	Poor	
Student Signature and Dat	e			