

AEMT & Paramedic Student Clinical Evaluation Form



Student Name:	Time IN:
Facility:	Time OUT:
Date:	Total Hours:
Student Comments:	
I, the student, confirm that all the information I provided in this document is true.	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center; padding-top: 5px;">Student Signature</div>

<p><u>PRECEPTORS</u> : Please verify this student's work on both sides and provide a score for his/her performance. When you have completed your evaluation, please seal this form in the envelope provided by the student.</p>	
Preceptor Comments:	
Please provide contact information if you would like a phone call or email.	
Preceptor Printed Name / Title	Preceptor Signature

Preceptors: Grade the student in all areas that apply. Signature and comment areas are on the opposite side.

Grading Scale

- ① **Unsatisfactory** - Student used poor technique, violated principles of infection control; was unable to perform skill; did not provide safe, effective patient care.
- ② **Unsatisfactory** - Student was able to perform skill, but failed to meet normal expectations; requires constant guidance and supervision to assure safe patient care.
- ③ **Satisfactory** - Student performed skill according to established guidelines with moderate guidance; ability meets NORMAL expectations and is safe at all times.
- ④ **Satisfactory** - Student was able to perform skill competently with minimal guidance; ability exceeds normal expectations and student is able to perform skill safely each time.
- ⑤ **Satisfactory** - Student demonstrated MASTERY of skill; was able to perform skill completely with no guidance; has thorough understanding of technique and performed skill in safe and efficient manner.

*Preceptors - Please document on the opposite side your rationale for assigning a "1" or "2" in any specific area.

Affective Evaluation

Appropriate Infection Control	①	②	③	④	⑤
Maintained Confidentiality/Privacy	①	②	③	④	⑤
Response to Constructive Criticism	①	②	③	④	⑤
Did Not Place Pt in Physical Jeopardy	①	②	③	④	⑤
Did Not Place Pt in Psych. Jeopardy	①	②	③	④	⑤
Well Groomed/Dressed	①	②	③	④	⑤
Productive Use of Time	①	②	③	④	⑤
Interaction w/ Medical staff	①	②	③	④	⑤
Interaction w/Pt & Family	①	②	③	④	⑤
Use of Language/Terminology	①	②	③	④	⑤
Understanding of Procedure	①	②	③	④	⑤
Rapport with Staff Members	①	②	③	④	⑤
Showed Initiative	①	②	③	④	⑤

Basic Performance

Radio Communications	①	②	③	④	⑤
Documentation	①	②	③	④	⑤
Lifting/Moving Patients	①	②	③	④	⑤
Initial Assessment	①	②	③	④	⑤
Ongoing Assessment	①	②	③	④	⑤
Vital Signs	①	②	③	④	⑤
SAMPLE History	①	②	③	④	⑤
Blood Glucose Check	①	②	③	④	⑤
Auscultation of Breath Sounds	①	②	③	④	⑤

Assessments (Fill in # of Pts)

Assessed _____ Trauma Pts	①	②	③	④	⑤
Assessed _____ Medical Pts	①	②	③	④	⑤
Assessed _____ OB Pts	①	②	③	④	⑤
Assessed _____ Psychiatric Pts	①	②	③	④	⑤
Assessed _____ Cardiac Pts	①	②	③	④	⑤
Assessed _____ Respiratory Pts	①	②	③	④	⑤
Assessed _____ Syncope Pts	①	②	③	④	⑤
Assessed _____ AMS Pts	①	②	③	④	⑤
Assessed _____ Abd. Pain Pts	①	②	③	④	⑤

Procedures (Fill in # of Successful Procedures)

Provided wound care for _____ Pts	①	②	③	④	⑤
Provided fracture care for _____ Pts	①	②	③	④	⑤
Performed CPR on _____ Pts	①	②	③	④	⑤
Performed _____ SMRs	①	②	③	④	⑤
Performed _____ Basic Airways	①	②	③	④	⑤
Performed _____ Airway Suctionings	①	②	③	④	⑤
Performed _____ Pt. Ventilations	①	②	③	④	⑤
Performed _____ BID Airways	①	②	③	④	⑤
Performed _____ ET Intubations	①	②	③	④	⑤
Performed _____ NG/OG Tubes	①	②	③	④	⑤
Performed _____ IV/IO Insertions	①	②	③	④	⑤
Performed _____ Medication IVP	①	②	③	④	⑤
Performed _____ IM/SQ Injections	①	②	③	④	⑤
Performed _____ EKG/12-leads	①	②	③	④	⑤
Performed _____ Defibrillations	①	②	③	④	⑤
Performed _____ Cardioversions	①	②	③	④	⑤
Performed _____ TCP	①	②	③	④	⑤
Performed _____ Thoracostomy	①	②	③	④	⑤
Performed _____ Other Skills (List)	①	②	③	④	⑤