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| **VMC 780 Preceptorship**The purpose of the preceptorship experience is to broaden the student's exposure to veterinary practice in a non-institutional setting. As an aid in evaluating the above student who has been associated with you during the preceptorship period, it would be helpful to have your impressions.**Evaluation Category**

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| --- |
| **Basic Science Knowledge**    *(Question 1 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Clinical Science Knowledge**    *(Question 2 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Clinical Skills**    *(Question 3 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Problem Solving Ability**    *(Question 4 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Knowledge of Current Literature**    *(Question 5 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Client Interactions**    *(Question 6 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Understanding of Business Management**    *(Question 7 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Attitude and Enthusiasm**    *(Question 8 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Medical Record Keeping**    *(Question 9 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Patient Care**    *(Question 10 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **Professional Potential**    *(Question 11 of 13  - Mandatory )* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N/A  | Weak  |   |   |   | Outstanding  |
| 0 | 1 | 2 | 3 | 4 | 5 |

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| **General comments on the student's strengths or special areas that need improvement:**    *(Question 12 of 13 )* |

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| **Although we do not assign a letter grade to this activity, what grade do you feel would be appropriate?**    *(Question 13 of 13  - Mandatory )* |

                              |
| Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT**button below. Once submitted, evaluations are no longer available for you to make further changes.      |  |  |

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