



Site/Preceptor Evaluation

Student Name: _____
Date : _____
Length of Shift: _____

Field/Clinical Site: _____
Station # _____

Complete this evaluation of the agency with which you did your field clinical following your shift. Upload this evaluation to the ACERIP website. Your comments help us to improve our clinical program.

	1	2	3	4	5
	Strongly Disagree	Agree	Neutral	Agree	Strongly Agree
	Circle one				
The learning experiences provided by this clinical site contributed toward my acquiring the knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional.	1	2	3	4	5
Preceptor(s) reviewed equipment/supplies used on their unit.	1	2	3	4	5
Preceptor(s) created an atmosphere receptive to questions.	1	2	3	4	5
Preceptor(s) encouraged me to engage with patients and use my skills and knowledge.	1	2	3	4	5
Preceptor(s) provided useful, constructive feedback.	1	2	3	4	5
Preceptor(s) were courteous and respectful of me.	1	2	3	4	5
Preceptor(s) willingly explained concepts, treatments and skills with which I was not familiar	1	2	3	4	5
Based on my clinical experience and skill, the degree of supervision I received from my preceptor(s) was adequate and appropriate to assure effective and efficient learning.	1	2	3	4	5
The EMS crew demonstrated positive attitudes and professional behaviors conducive to good patient care on calls.	1	2	3	4	5
This clinical site provided access to an adequate volume and variety of patients.	1	2	3	4	5
My overall experience at this site was positive. (do not consider # of calls when answering this question)	1	2	3	4	5

COMMENTS: Were there any strengths or weaknesses of this clinical experience you would like to comment on?
