

Preceptor Assessment of Student Progress Form

Course BSN 423 Semester/Year: _____ Date Completed: _____

Student's Name: _____

Preceptor's Name/Title	Email address	Phone # (including area code)
------------------------	---------------	-------------------------------

Agency Name

Agency Address

Feedback from the Preceptor for the purpose of assessing the Role Performance of the student's clinical experience is an essential part of the evaluation process for this course. Once you evaluate the student and sign on the form, please email the form to the instructor. The instructor's email is provided below. If you prefer to mail the form, your student will provide you with this form and a stamped envelope with the instructor's name and mailing address.

The Preceptor Assessment of Student Progress form uses two categories of evaluation- Met Expectations and Needs Improvement. **Your written comments at the end of the form regarding any aspect of the student's performance are appreciated, especially when the "needs improvement" is marked on any competency/student learning outcomes.**

It is strongly recommended that you share this assessment with the student. Ongoing feedback is helpful in promoting professional growth and alerting the student if improvement action is necessary. Please contact the instructor if questions or concerns arise regarding the assessment process or the student's performance.

Student is to insert Instructor's name & contact information before submitting this form to the Preceptor.

Instructor's Name _____

Instructor's Email _____ Instructor's Phone# _____

Instructor's Mailing Address _____

The CSU, Dominguez Hills, School of Nursing
appreciates your interest and involvement
in facilitating the professional education, development, and growth
of our RN to BSN students.

Preceptor Assessment of Student Progress Form*

Student's Name: _____ Course/Semester: BSN 423/

Competencies/Student Learning Outcomes	Met Expectations	Needs Improvement
1. Utilized Learning Contract to guide clinical experiences.		
2. Participated/took advantages of agency learning experiences.		
3. Assumed responsibility for own actions/behavior.		
4. Abided by agency policies/procedures, record keeping.		
5. Managed time effectively to accomplish goals.		
6. Demonstrated healthy, self-care behaviors that promote wellness and resiliency (the ability to withstand or recover quickly from difficulties and challenges).		
7. Designed competent, patient centered professional nursing care for individuals, families, and/or populations emphasizing patient safety & quality.		
8. Demonstrated cultural competence in providing care and working with others.		
9. Implemented health promotion and disease prevention plans for individuals, families and/or populations.		
10. Used critical thinking, and evidence-based practice and research findings in professional nursing practice.		
11. Formed/participated in interdisciplinary collaborative relationships to improve professional nursing practice and the quality of healthcare for all.		
12. Demonstrated ethical and professional nursing roles, values, social justice and human dignity.		
13. Demonstrated effective verbal and written communication with individuals, families, and professionals.		

Written Comments by Preceptor (Optional but always helpful): _____

I verified that the student has completed the preceptored hours as recorded in the BSN Clinical Hours-Activity Tracking log. Preceptor Initials: _____

Preceptor's Signature _____ **Date** _____

* For BSN Instructor ONLY- This form is a part of the SLO measurement. Please discuss with the Curriculum and Evaluation Committee before making any changes to competencies/student learning outcome items.
 Last update: NOV 2023 (NR)