

# Preceptor Assessment of Student Progress

Course BSN 423 Semester/Year: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

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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.

Your student will provide you with this form and a stamped envelope with the instructor's name and mailing address if you prefer to mail this form to the instructor. The instructor's email address is also included on this form if you prefer to send the form by email.

The Preceptor Assessment of Student Progress form uses two categories of evaluation- Met Expectations and Needs Improvement. **Your written comments regarding any aspect of the student's performance is appreciated at the end of the assessment form, 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/corrective 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\*

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. Designed competent, patient centered professional nursing care for individuals, families, and/or populations emphasizing patient safety & quality.		
7. Demonstrated cultural competence in providing care and working with others.		
8. Implemented health promotion and disease prevention plans for individuals, families and/or populations.		
9. Used critical thinking, and evidence-based practice and research findings in professional nursing practice.		
10. Formed/participated in interdisciplinary collaborative relationships to improve professional nursing practice and the quality of healthcare for all.		
11. Demonstrated ethical and professional nursing roles, values, social justice and human dignity.		
12. Demonstrated effective verbal and written communication with individuals, families, and professionals.		

**Written Comments by Preceptor (Optional but always helpful):** \_\_\_\_\_

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**In addition, I verified that the student has completed the required 68 clinical hours as recorded in the BSN Clinical Hours-Activity Tracking log.**

**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 on competencies/student learning outcome items.