

**Lehman College  
Department of Nursing**

**Report by Preceptor on Graduate Student Performance**

Name of Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Please evaluate the knowledge, skills, abilities and quality of student's performance:

**Relations with Others:**

Category	Satisfactory	Unsatisfactory	Not Applicable
Preceptor			
Supervisors (Administrative staff)			
Nursing Staff and other personnel			
Patients and Family Members			

**Communications Skills:**

Category	Satisfactory	Unsatisfactory	Not Applicable
Oral			
Written			
Contribution at meetings			

**Attitude, Initiative, and Appearance:**

Category	Satisfactory	Unsatisfactory	Not Applicable
Willingness to accept constructive criticism			
Self-reliant and independent			
Resourcefulness			
Flexibility			
Thoroughness			
Dependability			
Curiosity			
Personal Appearance			
Maturity			

**Results, Performance, and Knowledge Improvement:**

Category	Satisfactory	Unsatisfactory	Not Applicable
Improved understanding of management and healthcare problems			
Productive use of time			
Completed work assignments			
Level of recommendations and opinions			
Level of Technical skills			