

Team Leader Evaluation

Student Name:	Preceptor Name:
Site Name:	Date:

- | | | | | |
|---|--------------------------------------|--|-------------------------------|--|
| 1 Unsatisfactory
Requires Assistance
Needs more training | 2 Tentative
Needs Guidance | 3 Competent
Minimal Prompting
Entry Level EMT-P | 4 Good
No prompting | 5 Excellent
Experienced
level EMT-P |
|---|--------------------------------------|--|-------------------------------|--|

Patient # _____
Please rate the student 1-5 based on the entire team lead performance: 1 2 3 4 5
Please comment on the student's interview, exam, interventions, clinical care, and team management. If there are any other comments regarding the student's performance, please also record them here.
Comments:
Preceptor Signature: _____ (Only if student was team leader)

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