



<b>Student Name:</b> _____				Clinical 1 <input type="checkbox"/>	Clinical 2 <input type="checkbox"/>
Date	Time In	Time Out	Total Time	Field Site: _____	

**Please use the following rating scale.**

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

	Student Rating	Preceptor Rating	Area of Performance
<b>A</b>			<b>Professionalism/Attitude:</b> <i>The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance &amp; personal hygiene. Reported to work on time &amp; in uniform.</i>
<b>B</b>			<b>Phase/Shift Objectives:</b> <i>Review current objectives and performs the tasks to the standard outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement.</i>
<b>C</b>			<b>Psychomotor Skills:</b> <i>Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.</i>

**Students Must Complete this section:**

**Utilizing the scale above, rate yourself if any of the following were performed.**

Run	Age	Sex	Field Impression	Interview	Exam	Vitals	Airway	Cardiac	IV/IO	Meds	Other	Team Lead	Preceptor Initials
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**Preceptor Comments** (Please note any strengths or weaknesses):

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

*(Please attach a Team Leader Evaluation Form to verify Team Leads)*  
(Signature indicates review of shift objectives and paperwork/skills completed by the student.)

*Official Use Only*

Locked: \_\_\_\_\_

**Point Deduction (-1 Point Each)**

- Late Fisdap/Paperwork
- Fisdap Correction Needed
- Paperwork Correction Needed
- Late to Shift
- Leave Shift Early
  
- Paperwork > 3 weeks late (-5 points)

Initials of who entered: \_\_\_\_\_

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

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**Correction Needed:**

- No attachment on Fisdap
- Fisdap and Patient data table do not match (see highlighted area on the front of form)
- Paperwork incomplete
- Fisdap incomplete
- Other:

*Correct and Return By: / /*