



Kentucky Christian University

Yancey School of Nursing

Initial Clinical Evaluation Form

Date _____

Name of Student _____ Preceptor: _____

1. On average, how many patients are you seeing each day?
2. What type of patients are you seeing?
3. What resources are you finding helpful during this rotation?
4. What are three ways you have grown as an advanced practice provider during this rotation? Be specific. This can include specific assessment skills, procedures, interviewing skills, documenting, diagnosing, prescribing, etc.
5. What are three things that you can improve upon as you continue this rotation? (Be specific)

6. **Provide one example of how you are participating as an active learner during this clinical rotation. (Be specific)**

7. **Preceptor Comments (Optional)**

Preceptor

Please sign below to acknowledge that you have viewed the preceptor orientation site <https://www.kcu.edu/kcu-preceptor/> and that you have reviewed the student self-evaluation.

Signature of Preceptor

Print Name of Preceptor

Signature of Student

Print Name of Student

Preceptor comments or concerns: Please Contact Kristen Geyer kegeyer@kcu.edu