

Faculty Preceptorship Evaluation Form

1. Student Name: _____
2. Session of Preceptorship: _____
3. Date of Preceptorship (Specify the start and end dates of the project): _____
4. Each Student Prospectus (to be completed by the student and submitted to the preceptor during the first week of the semester) Must Contain:
 - A. Goals
 - B. Specific Aims
 - C. Name of Preceptor
 - D. Supervisor of Preceptor if applicable
 - E. Average amount of time devoted each week to activity (minimum of 30 hrs of total activity per each hour of credit sought)
 - F. general nature of the activities and the methods including meetings with preceptor
 - G. Description of preceptorship report/paper/outcome

To be completed by faculty member.

- [illegible]

[illegible]
