

# 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.*

1. Briefly summarize student's activities: \_\_\_\_\_

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