

FAX completed form to:  
808-956-7396 (Honolulu)

**SCHOOL OF NURSING  
MASTER OF SCIENCE PROGRAM**

**Clinical Faculty (Preceptor) Evaluation of APN Experience**

Course: \_\_\_\_\_ Period of Evaluation: \_\_\_\_\_

KEY: 5 = Consistently 4 = Usually 3 = Sometimes 2 = Seldom 1 = No N/A = Not Applicable

**I was provided**

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| • a copy of the clinical agreement forms in a timely manner  | 5 | 4 | 3 | 2 | 1 | N/A |
| • notice of the website which has a copy of the syllabus with student's expectations and relevant evaluation forms | 5 | 4 | 3 | 2 | 1 | N/A |
| • information about how to give feedback about the program   | 5 | 4 | 3 | 2 | 1 | N/A |
| • a response to my questions and/or suggestions  | 5 | 4 | 3 | 2 | 1 | N/A |
| • information about activities available for clinical faculty development and professional growth                  | 5 | 4 | 3 | 2 | 1 | N/A |

**The course faculty**

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| • contacted me within the first week the student begins clinical                              | 5 | 4 | 3 | 2 | 1 | N/A |
| • met with me at least once times during the semester   | 5 | 4 | 3 | 2 | 1 | N/A |
| • conducted a site observation at least once during the semester                              | 5 | 4 | 3 | 2 | 1 | N/A |
| • informed of changes in the student's status   | 5 | 4 | 3 | 2 | 1 | N/A |
| • provided adequate supervision for the student   | 5 | 4 | 3 | 2 | 1 | N/A |
| • informed me of changes in the syllabus regarding schedule, requirements, evaluation methods | 5 | 4 | 3 | 2 | 1 | N/A |

Note Additional Comments on Reverse Side →