

Lord Fairfax EMS Council Preceptor Program Evaluation

- | | | | |
|---|------------|-----------|----------|
| 1. At what level of certification did you precept? | E | I | P |
| 2. Name of preceptor: _____ | | | |
| 3. Please evaluate your preceptor: | | | |
| A. Was your preceptor available as scheduled? | Yes | No | |
| B. Did you have any problems contacting a preceptor? | Yes | No | |
| C. Did your preceptor provide an orientation to the agency? | Yes | No | |
| D. Did your preceptor allow you to perform all skills for your level of training? | Yes | No | |
| E. Did your preceptor allow you to complete your documentation and report to accepting facility? | Yes | No | |
| F. Did your preceptor suggest ways you could improve your performance? | Yes | No | |
| F. Did your preceptor review each call with you? | Yes | No | |
| G. Did you understand the purpose of the program and the requirements for completion prior to starting your precepting period? | Yes | No | |

Comments: Please explain any negative answers:

Provider: _____ **Date:** _____

Please complete and return to:

**Lord Fairfax EMS Council
190 Prosperity Drive, Suite 4
Winchester, VA 22602**