



# PRECEPTOR SPONSOR'S FINAL EVALUATION OF PRECEPTOR'S/EXTERN'S PERFORMANCE

This evaluation form is to be submitted at the conclusion of the Preceptor's/Extern's training period in your office. Please evaluate the Preceptor/Extern in all appropriate areas and include the total number of clock hours the Preceptor/Extern worked in your office.

EVALUATION FOR: \_\_\_\_\_  
Preceptor's/Extern's Name

TOTAL CLOCK HOURS WORKED: \_\_\_\_\_

Please evaluate the Preceptor's/Extern's working with you on the basis of: 0 = Inadequate  
1 = Below Average      3 = Above Average  
2 = Average              4 = Superior

Please include comments on any area graded less than 2	4	3	2	1	0
1. The Preceptor/Extern is punctual in meeting commitments:	()	()	()	()	()
2. The Preceptor/ Extern can be depended upon to carry out routine assignments properly.	()	()	()	()	()
3. The Preceptor/Extern is thorough and accurate in keeping records on patients.	()	()	()	()	()
4. The Preceptor/Extern demonstrates the ability to arrive at accurate diagnostic conclusions.	()	()	()	()	()
5. The Preceptor/Extern is courteous and effective in the approach to patients and shows a sincere respect for the patient's needs.	()	()	()	()	()

Comments on the above responses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. The Preceptor/Extern makes appropriate use of available safety equipment.	()	()	()	()	()
7. The Preceptor/Extern demonstrates a positive and constructive attitude toward responsibilities and in interactions with other clinic staff.	()	()	()	()	()
8. Once a therapeutic program has been established for a patient the Preceptor/Extern assumes responsibility for its fulfillment.	()	()	()	()	()
9. The Preceptor's/Extern's technical procedure in taking and processing of x-rays is consistent with approved standards.	()	()	()	()	()
10. Written reports of x-ray findings are accurate and completed in a timely manner.	()	()	()	()	()

Comments on the above responses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date