

University of Arizona
UNDERGRADUATE PRECEPTOR EVALUATION FORM
(to be completed by the course instructor at the end of the semester)

Preceptor Name: _____

Instructor Name: _____ **Department:** _____

Course Number and Section: _____ **Semester and Year:** _____

Course Title: _____

By selecting the number of the appropriate response, indicate the degree to which the preceptor demonstrated the following during the preceptorship with you:

0 = **Not Applicable**, 1 = **Low**, 3 = **Adequate**, 5 = **High**

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|--|----------|----------|----------|----------|----------|----------|
| Persistence and follow-through on assigned tasks | 0 | 1 | 2 | 3 | 4 | 5 |
| Initiative on in-class and out-of-class activities | 0 | 1 | 2 | 3 | 4 | 5 |
| Professional judgment and maturity | 0 | 1 | 2 | 3 | 4 | 5 |
| Ability to take and respond constructively to criticism | 0 | 1 | 2 | 3 | 4 | 5 |
| Ability to work cooperatively with the instructor, GTA, and students | 0 | 1 | 2 | 3 | 4 | 5 |
| Ability to carry out assigned tasks in a timely manner | 0 | 1 | 2 | 3 | 4 | 5 |
| Motivation and attitude in the performance of assigned tasks | 0 | 1 | 2 | 3 | 4 | 5 |
| Overall quality of the preceptor's performance | 0 | 1 | 2 | 3 | 4 | 5 |

What are the particular strengths and weaknesses of this preceptor?

Did any specific difficulties arise during the preceptorship? Yes No

If yes, please explain briefly:

How could problems have been avoided?

What additional comments or suggestions do you have that would help the student to improve his/her competencies as a preceptor?

Course Instructor Signature: _____ Date: _____