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**

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: _____