

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 circling 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