

**The Pennsylvania State University
College of Nursing
RN to B.S.N. Student
NURS 465 Clinical Evaluation Form**

TO BE COMPLETED BY STUDENT, PRECEPTOR, AND FACULTY

Name: _____

Course: _____ Section: _____ Semester & Year: _____

Instructor: _____

Preceptor Name: _____ Email: _____

Title: _____

Agency: _____ Unit: _____

Agency Address: _____

1. Clinical Evaluation:

A. Student Strengths:

B. Students Areas Needing Improvement:

C. Overall Narrative Summary:

2. Recommended Clinical Evaluation (Satisfactory/Unsatisfactory): _____

3. How well were the program and/or student objectives achieved/not achieved?

Preceptor Signature: _____ Date: _____

Student Signature: _____ Date: _____