**Leadership Phase**

**Per Shift eval. Form during the Leadership phase**

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| **Preceptee Name:** | **Date:** |

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| **Unit / Preceptor:** |

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| **Category** | | | **Explanation (“No” must explained)** | |
| 1. | *Does the Preceptee shows leadership ability?*  ***Yes No*** | |  | |
| 2. | *The Preceptee is able to make decisions unprompted by the Preceptor.* ***Yes No*** | |  | |
| 3. | *The Preceptee shows a general knowledge of protocol.* ***Yes No*** | |  | |
| 4. | *Plan for improvement* | |  | |
| **Below to be completed by Preceptee**   |  |  |  | | --- | --- | --- | | 1. | *Goals* |  | | 2. | *Strengths* |  | | 3. | *Weaknesses* |  | | | | | |
| **Preceptee’s Name:** | | **Preceptee’s Signature:** | | **Date:** |
| **Preceptor's Name:** | | **Preceptor's Signature:** | | **Date:** |