**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**

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| 1.  | *Goals*  |  |
| 2. | *Strengths*  |  |
| 3. | *Weaknesses* |  |

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| **Preceptee’s Name:** | **Preceptee’s Signature:**  | **Date:** |
| **Preceptor's Name:** | **Preceptor's Signature:** | **Date:** |