**Observation Phase**

**Weekly Eval. Form during the observation phase**

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

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| **Unit / Preceptor:** |

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| **To be completed by Preceptor** | | | | |
| **Category** | | **Performance Evaluation** | | |
| 1. | Strengths |  | | |
| 2. | Weaknesses |  | | |
| **Below to be completed by Preceptee** | | | | |
| 3. | Goals |  | | |
| 4. | Concerns |  | | |
| **Preceptee’s Name:** | | | **Preceptee’s Signature:** | **Date:** |
| **Preceptor's Name:** | | | **Preceptor's Signature:** | **Date:** |