**Precepting Assessment Period**

**This form will be completed as an evaluation for the candidate to move to the next phase of the program or every 30 days whichever comes first**

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

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| --- |
| **Unit / Preceptor:** |

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| --- | --- | --- |
| **Category** | | **Performance Evaluation** |
| 1. | *The Preceptee has shown improvement in the following areas:* |  |
| 2. | *The Preceptee has shown they are ready to move to the leadership phase of the program by demonstrating what? Site examples* |  |
| 3. | *Has the Preceptee demonstrated competency in appropriate skill level interventions? site examples* |  |
| 4. | *Has the Preceptee demonstrated knowledge of the local protocol and application when appropriate? Site examples* |  |
| 5. | *Does the Preceptee works in a way that create team unity and builds confidence among crewmembers? Site examples* |  |
| **Evaluation and Reccomendation from Preceptor** | | |
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**Recommendation from Preceptor:**

**Progress to next Phase**  **Continue current phase**

**Assignment to a new Preceptor**  **Discontinuation of the program**

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| **Print** | **Signature** | **Date** |
| Preceptor: |  |  |
| Preceptee: |  |  |