



## EMT Ambulance Exposure Practicum Evaluation

EMT Supervisor/Preceptor (print) \_\_\_\_\_

Name of Service \_\_\_\_\_

Student Name (print) \_\_\_\_\_

1. What is the preceptor's evaluation of the student's strengths?
2. Identify any skills that need improvement.
3. What is the preceptor view of overall patient care?
4. In your opinion, is the student ready in skills, attitudes, knowledge and proficiency to advance to a final EMT ambulance practicum? Please comment.
5. What is the student's view of the practicum at this point?

***Further Comments:***

Preceptor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form by fax to 780 608 1235 immediately upon the conclusion of the EMT Ambulance Exposure Practicum.**