



EMT Final Ambulance Practicum Evaluation

EMT Supervisor/Preceptor (print) _____

Name of Service _____

Student Name (print) _____

	Agree	Disagree
Student takes appropriate safety precautions		
Student establishes adequate patient communication		
Student is able to work collaboratively with EMS staff		
Student shows initiative		
Student is able to make critical interventions where Necessary		
Student accepts and delivers constructive feedback		
Student displays a learning attitude		
Student uses appropriate language/actions with patients and staff		
Student demonstrates problem solving skills and prudent judgement		
Student communicates reports in properly written and verbal form		
Student maintains patient confidentiality		
Student maintains patient dignity		
Student abides by schedule as set by EMS Service		
Student dresses appropriately and maintains personal hygiene		
Student functions within the scope of practice as an EMT		
The Student performed all skills and competencies necessary to successfully complete this practicum.		

Comments:

Preceptor Signature _____

EMT Final Ambulance Practicum Evaluation
Page 2

To be filled out by the Preceptor

Is the student at the expected level of proficiency for a graduate EMT?

Are there any skills that still need improvement prior to graduation?

Is additional practicum time required for successful completion of the practicum?

Further Comments:

Preceptor Signature: _____

Student Signature: _____

Date: _____

Return this form by fax to 780 608 1235 immediately