



Intermediate Ambulance Endpoint Evaluation Form

Paramedic 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. Is the student at the expected level of proficiency given this stage of the practicum? Comments?

5. What is the student's view of the practicum at this point?

6. Do you recommend that this student proceed to a Final Ambulance Practicum? Why or why not?

Further Comments:

Preceptor Signature: _____

Student Signature: _____

Date: _____

Return this form by fax to 780 608 1235 immediately upon completion.