



**PARAMEDIC 5 CALL INTERN
PRECEPTOR EVALUATION FORM**
(To be completed by the Candidate)

Preceptor Name: _____ Date: _____

Candidate Name: _____ Candidate Signature: _____

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| 1.) Did the Preceptor orient you to the requirements of the Pre-accreditation or Field Evaluation? | Yes | No |
| 2.) Did the Preceptor clearly outline his/her expectations? | Yes | No |
| 3.) Was the Preceptor receptive to performing the evaluation? | Yes | No |
| 4.) Did the Preceptor provide a positive evaluation environment? | Yes | No |
| 5.) Did the Preceptor communicate specific strengths and weaknesses to you? | Yes | No |

Comments: _____

****This form is to be submitted to the CES Coordinator and YEMSA upon completion of the Paramedic 5 Call process****