

SAN JOAQUIN COUNTY  
EMERGENCY MEDICAL SERVICES AGENCY

**TITLE: PRECEPTOR/PARAMEDIC PROGRAM EVALUATION FORM EMS Policy No. 2571B**

Intern Name: \_\_\_\_\_

Preceptor Name and License #: \_\_\_\_\_

Paramedic Program: \_\_\_\_\_

Date Internship began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

<b>Rating Standards:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Did the preceptor provide what was expected of you on the first shift?					
Overall did the preceptor complete call evaluations upon completion of the call?					
Did the preceptor complete the major evaluations as required?					
Did the field liaison from the paramedic program visit you at least once during your externship?					
Did the preceptor provide guidance on how to correct any deficiencies noted during calls or evaluations?					
Did the preceptor provide an environment that was conducive to learning?					
Did the preceptor have a strong knowledge of EMS Agency Policies?					
Did your preceptor require you to study during your down time?					
At any time, did your preceptor have any other student assigned to them during your externship?					
Could you get clear answers to your questions from the preceptor?					
Was the preceptor considerate to you?					
Was the preceptor effective in preparing you to become a paramedic?					
Was the preceptor enthusiastic about precepting?					
Do you feel that your preceptor prepared you to function as a paramedic?					
Do you feel that the paramedic program prepared you to be a paramedic?					
During your internship did you have more than two (2) preceptors assigned					

SAN JOAQUIN COUNTY  
EMERGENCY MEDICAL SERVICES AGENCY

**TITLE: PRECEPTOR/PARAMEDIC PROGRAM EVALUATION FORM EMS Policy No. 2571B**

<b>Overall Ratings:</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Very Poor</b>
Please rate your preceptor overall.					
Please rate the didactic portion of the course.					
Please rate the clinical portion of the course.					
Please rate the field portion of the course.					
Please rate the paramedic program overall.					

*(Please use additional pages for comments if necessary)*

Please provide comments for any marks that are below, disagree or poor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Paramedic Intern Name and Signature

\_\_\_\_\_  
Date

**Return the completed evaluation to:**

San Joaquin County EMS Agency  
PO Box 220  
French Camp, CA 95231  
Phone No. (209) 468-6818  
Fax No. (209) 468-6725