San Joaquin County EMS Agency
Preceptor/Paramedic Program Evaluation Form

This Form to be completed by the Paramedic Student at the conclusion of the Field Internship

Intern's Name			
Date Internship Began		Date Ended	
ALS Provider Where Internship was Completed			
Preceptor's Name			

Please rate the following:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
My preceptor reviewed all Patient Care Records (PCRs) for accuracy.						
My preceptor provided oversight for all ALS patient contacts.						
My preceptor was present in the patient compartment of the ambulance with me at all times while a patient was present.						
My preceptor's behavior was professional.						
My preceptor had a strong knowledge of EMS policies.						
My preceptor followed all the EMS policies.						
My preceptor took payments and/or gratuities from me.						
My preceptor completed documentation required by my paramedic training program timely.						
My preceptor encouraged me to study during any down time.						
My preceptor created a positive learning environment.						

Please provide any additional comments (attach another sheet of paper if needed):

Signature		Date	