# 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**

<table>
<thead>
<tr>
<th>Intern’s Name</th>
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<table>
<thead>
<tr>
<th>Date Internship Began</th>
<th>Date Ended</th>
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<thead>
<tr>
<th>ALS Provider Where Internship was Completed</th>
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<table>
<thead>
<tr>
<th>Preceptor’s Name</th>
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<tr>
<th>Please rate the following:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>My preceptor reviewed all Patient Care Records (PCRs) for accuracy.</td>
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<td>My preceptor provided oversight for all ALS patient contacts.</td>
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<td>My preceptor was present in the patient compartment of the ambulance with me at all times while a patient was present.</td>
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<td>My preceptor’s behavior was professional.</td>
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<td>My preceptor had a strong knowledge of EMS policies.</td>
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<td>My preceptor followed all the EMS policies.</td>
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<td>My preceptor took payments and/or gratuities from me.</td>
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<td>My preceptor completed documentation required by my paramedic training program timely.</td>
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<td>My preceptor encouraged me to study during any down time.</td>
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<td>My preceptor created a positive learning environment.</td>
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Please provide any additional comments (attach another sheet of paper if needed):

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Signature | Date
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