

## Preceptor Evaluation of 2<sup>nd</sup>-Year Student

<b>Student:</b> _____	<b>Mentor:</b> _____
	<b>Date of Review:</b> _____

<b>A. Strengths and Challenges</b>	
<input type="checkbox"/> Professional strengths (PE/Hx skills, Presenting skills, note skills, dress/poise, interactions w/ staff, preparedness, pt interactions, promptness)	
<input type="checkbox"/> Personal strengths (things that the student stands out or excels at; feedback from patients about student)	
<input type="checkbox"/> Challenges (areas for improvement, disappointments)	
<input type="checkbox"/> Recommendations for addressing challenges	
<b>OMT In Clinic</b>	
<input type="checkbox"/> Did the student find opportunities to apply their OMT Skills? How did that go?	

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

RDME Signature \_\_\_\_\_ Date \_\_\_\_\_