## Preceptor Evaluation of 2nd-Year Student

<table>
<thead>
<tr>
<th>Student: ________________________________</th>
<th>Mentor: ____________________________</th>
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<td>Date of Review: ________________________</td>
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### A. Strengths and Challenges

- **Professional strengths** (PE/Hx skills, Presenting skills, note skills, dress/poise, interactions w/staff, preparedness, pt interactions, promptness)

- **Personal strengths** (things that the student stands out or excels at; feedback from patients about student)

- **Challenges** (areas for improvement, disappointments)

- **Recommendations for addressing challenges**

### OMT In Clinic

- **Did the student find opportunities to apply their OMT Skills? How did that go?**

**Preceptor Signature** ________________________________ **Date** ________________

**RDME Signature** ________________________________ **Date** ________________

Revised per WA Draft 1.20.10