**Illinois State University**

**Mennonite College of Nursing**

**DNP Clinical Residency Evaluation of Preceptor and Site**

Student Name: Click here to enter text. Semester/Year: Click here to enter text. Course number: Click here to enter text.

Preceptor name, position, and organization: Click here to enter text.

**Student Evaluation of Preceptor and Site**

**Preceptor Rating Factors N/A Poor Fair Good Excellent**

Availability for consultation [ ]  [ ]  [ ]  [ ]  [ ]

Facilitates access to information and resources in the organization [ ]  [ ]  [ ]  [ ]  [ ]

Provides timely and constructive feedback [ ]  [ ]  [ ]  [ ]  [ ]

Recommends additional learning experiences [ ]  [ ]  [ ]  [ ]  [ ]

Demonstrates use of evidence in health care delivery planning [ ]  [ ]  [ ]  [ ]  [ ]

Employs systems thinking and quality improvement principles [ ]  [ ]  [ ]  [ ]  [ ]

Uses data (internal and/or external) to improve patient health outcomes [ ]  [ ]  [ ]  [ ]  [ ]

Employs effective communication and collaborative skills with [ ]  [ ]  [ ]  [ ]  [ ]

stakeholders (intra- and inter-professional team, patient,

family, community)

Uses student’s strengths and knowledge in advanced nursing practice specialty [ ]  [ ]  [ ]  [ ]  [ ]

Demonstrates an understanding of the doctoral prepared advanced nursing role [ ]  [ ]  [ ]  [ ]  [ ]

**I would recommend this clinical preceptor for another DNP student.**  Yes [ ]  No [ ]

Comments by student regarding preceptor: Click here to enter text.

**Site Rating Factor**

Site supported student learning (patient population, facility resources, and staff) [ ]  [ ]  [ ]  [ ]  [ ]

**I would recommend this clinical site for another DNP student.** Yes [ ]  No [ ]

Comments by student regarding site: Click here to enter text.

**Completed by student:** Click or tap here to enter text. **Date:** Click here to enter a date.

**Submit Completed Form to Course Faculty**

**Course Faculty Evaluation of Preceptor and Site**

I recommend this clinical preceptor/mentor for another DNP student. Yes [ ]  No [ ]

I recommend this clinical site for another DNP student. Yes [ ]  No [ ]

Comments by course faculty: Click here to enter text.

Completed by faculty: Click or tap here to enter text. Date: Click here to enter a date.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Evaluation of Preceptor and Site form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*