**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.