



Mountain Lakes Regional EMS Council

Preceptor Forms

Intern's Name: _____ Intern's Tech. Number: _____
 (Please Print)

Name of Agency Affiliation: _____
 (Please Print)

Interning to be at what level: _____
 Preceptor's Name: _____ Preceptor's Tech. Number: _____
 (Please Print)

Name of Agency Affiliation: _____
 (Please Print)

Type of Call: _____ Date of Call: _____ / _____ / _____ PCR # _____
 (Please Print)

For Preceptor: (Please evaluate the Intern using the following scale)

- 0 – Not observed or unable to evaluate
- 1 – Unacceptable/Unsatisfactory
- 2 – Needs Improvement
- 3 – Average/Satisfactory
- 4 – Above Average
- 5 – Outstanding

Please supply any comments for any section that there is a two (2) or a three (3) rating on performance.

Scene Size up and Patient Assessment

Actions Performed	Rating	Comments
Checks for scene safety:		
Ability to communicate in an appropriate and efficient manner with patient and family:		
Ability to form general impression:		
Ability to determine level of consciousness:		
Ability to determine chief complaint/apparent life threats:		
Ability to perform initial assessment and treat appropriately:		
Ability to make an initiate appropriate transport decision:		
Ability to select appropriate assessment (focused or rapid):		
Ability to obtain SAMPLE History and History of present illness:		
Ability to perform a detailed physical exam when appropriate:		
Ability to perform an on-going assessment (adhering to appropriate time constraints):		
Ability to interact with other crew members:		

Additional Comments _____

Communications		
Actions Performed	Rating	Comments
Demonstrates knowledge and understanding of communications system:		
Demonstrates Knowledge and ability to obtain a signal:		
Demonstrates ability to give patient report while en-route:		
Demonstrates ability to give patient report to hospital staff:		
Demonstrates knowledge of and ability to use specialized Communications Equipment (such as telemetry):		
Demonstrates appropriate actions after receiving orders (such as repeating order, questioning order if it seems inappropriate):		
Additional Comments		

Skills Performed (preceptor should list individual skills performed):		
Action Performed	Rating	Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Preceptor's comments on overall performance:

Preceptors certification	
I hereby certify that the information recorded above is true and complete to the best of my knowledge.	
Preceptor's Name (please print)	Preceptor's signature and Tech. #
Intern's Name(please print)	Intern's Signature and Intern Tech #

