University of Arizona
UNDERGRADUATE PRECEPTOR EVALUATION FORM
(to be completed by the course instructor at the end of the semester)

Preceptor Name: ____________________________________________

Instructor Name: __________________________ Department: __________________________

Course Number and Section: __________________________ Semester and Year: __________________________

Course Title: ____________________________________________

By circling the number of the appropriate response, indicate the degree to which the preceptor demonstrated the following during the preceptorship with you: 0 = Not Applicable, 1 = Low, 3 = Adequate, 5 = High

- Persistence and follow-through on assigned tasks
- Initiative on in-class and out-of-class activities
- Professional judgment and maturity
- Ability to take and respond constructively to criticism
- Ability to work cooperatively with the instructor, GTA, and students
- Ability to carry out assigned tasks in a timely manner
- Motivation and attitude in the performance of assigned tasks
- Overall quality of the preceptor’s performance

What are the particular strengths and weaknesses of this preceptor? ____________________________________________

________________________________________

Did any specific difficulties arise during the preceptorship? □ Yes □ No
- If yes, please explain briefly: ____________________________________________

________________________________________

- How could problems have been avoided? ____________________________________________

________________________________________

What additional comments or suggestions do you have that would help the student to improve his/her competencies as a preceptor? ____________________________________________

________________________________________

Course Instructor Signature __________________________ Date __________________________