

Allied EMS Systems, Inc.
Student Clinical Evaluation Form

Name: _____ Date: _____ Time In: _____ Time Out: _____

Level of Student (circle one) MFR EMT-Basic EMT-Specialist

Appearance:
 Student is dressed appropriately (see clinical guidelines). Pass Fail

Hygiene
 Student is showered, shaved, etc. Pass Fail

Behavior Evaluated	Preceptor's Evaluation/Comments				
	Excellent	Good	Fair	Poor	N/A
Promptness Student arrives and leaves on scheduled time					
Vehicle (ambulance clinical only) Student completes vehicle inspection					
Communication Student demonstrates appropriate communication skills when dealing with patient and staff					
Teamwork Student is supportive of team atmosphere. Student shows respect for all persons involved in patient care.					
Interaction Skills Student actively participates during assessment and treatment of patients.					
Motivation Student takes initiative to complete assigned tasks. Student shows enthusiasm and accepts constructive criticism.					
Sensitivity Student demonstrates appropriate empathy to patients and understands call priorities.					
Skills Student observes/performs skills as listed on back of this sheet.					
Additional Comments					

Total Clinical Hours: _____

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|-----|--|-------------------------------|-----------|
| 1. | Orientation to policies of clinical site. | Completed | |
| 2. | Informed of expectations during clinical observation | _____ | |
| | | Staff Initial/Student Initial | |
| 3. | Oriented to equipment. | _____ | |
| | | Staff Initial/Student Initial | |
| 4. | Demonstration of patient interaction. | Observed | Completed |
| 5. | Demonstration of taking vitals. | Observed | Completed |
| 6. | Demonstration of airway management. | Observed | Completed |
| 7. | Demonstration of bleeding control. | Observed | Completed |
| 8. | Demonstration of fracture management. | Observed | Completed |
| 9. | Demonstration of cardiac management. | Observed | Completed |
| 10. | Demonstration of medical management. | Observed | Completed |
| 11. | Demonstration of trauma management. | Observed | Completed |
| 12. | Demonstrated patient movement. | Observed | Completed |
| 13. | Other skills observed/completed: _____ | | |

Additional Comments: _____

Preceptor Signature

Date