

LOS ANGELES HARBOR COLLEGE

1111 Figueroa Place, Wilmington, California 90744 (310-233-4262)

NURSING 339

AGENCY EVALUATION OF STUDENT IN COMMUNITY-BASED NURSING EXPERIENCE

Name of student _____ Dates of experience _____

Facility _____

Name of Preceptor/Supervisor _____

Expectation	Satisfactory	Needs Improvement	Not Satisfactory	N/A
1. The student arrived on time				
2. The student wore a name tag The student dressed professionally				
3. The student correctly and safely performed procedures and/or assignments				
4. The student communicated clearly and professionally with staff and patients				
5. The student was cooperative, helpful and eager to learn				
6. The activity project was appropriate for the clients and ran in an organized manner (if applicable)				

COMMENTS:

Preceptor/Supervisor Signature _____

Thank you for helping us develop tomorrow's RN and for completing this form.