



***FHN***  
***Student Evaluation***

Name \_\_\_\_\_ Evaluation Period \_\_\_\_\_ to \_\_\_\_\_

Department(s) \_\_\_\_\_ Preceptor: \_\_\_\_\_

***Please evaluate the above mentioned student on their performance during the evaluation period listed above by circling the appropriate choice below.***

Performance of duties and expectations	EXCELLENT	ACCEPTABLE	UNACCEPTABLE
Communicates well and documents completely As appropriate for role	EXCELLENT	ACCEPTABLE	UNACCEPTABLE
Attitude toward patients, customers, and co-workers	EXCELLENT	ACCEPTABLE	UNACCEPTABLE
Works in a self-directed manner	EXCELLENT	ACCEPTABLE	UNACCEPTABLE
Punctuality	EXCELLENT	ACCEPTABLE	UNACCEPTABLE
Appearance	EXCELLENT	ACCEPTABLE	UNACCEPTABLE
Overall Performance Rating	EXCELLENT	ACCEPTABLE	UNACCEPTABLE

Would you recommend this individual for employment with FHN when they have completed their course of study?                      YES                      NO

Preceptor Comments:

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Preceptor Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Please forward this completed evaluation form to Human Resources***