



RED ROCKS COMMUNITY COLLEGE
Evaluation of Student's
Internship/Clinical Experience
Home Health-NUA 180/Hospice-NUA 171/Hospice-NUA 181

RRCC requests that this evaluation be completed by the Facility RN preceptor or RN site supervisor at the end of the student's clinical experience. It is to be submitted to RRCC within 3 days of completion of the clinical experience. It can be faxed to the RRCC CHEO Career Coach, Chryste Weitzel, at 303-914-6063. Simply answer each question **YES** or **NO**. If **NO**, please explain briefly in space provided.

Student name _____ Date _____

Site supervisor name and title _____

Name of organization for clinical site _____

YES NO

- ___ ___ 1. Student arrived to clinical site on time each day. _____
- ___ ___ 2. Student was dressed appropriately for the clinical experience each day. _____
- ___ ___ 3. Student communicated effectively with healthcare team members and preceptor. _____
- ___ ___ 4. Student interacted with patients and families in a respectful and caring manner. _____
- ___ ___ 5. Student provided care alongside and in conjunction with the preceptor at all times. _____
- ___ ___ 6. Student demonstrated an interest in the work; asked questions, observed intently, focused on the task. _____
- ___ ___ 7. Student conducted self professionally at all times. _____
- ___ ___ 8. Student upheld the privacy and confidentiality rights of each patient and family. _____
- ___ ___ 9. Student complied with rules, requests and tasks assigned by the site preceptor and/or site supervisor. _____
- ___ ___ 10. Student demonstrated listening skills; no interrupting, eye contact, focus, reflective responses, etc. _____

Facility RN preceptor's or RN site supervisor's signature _____

Intern/clinical eval. 4/14/14

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