



# Mountain Lakes Regional EMS Council

## Preceptor Forms

Intern's Name: \_\_\_\_\_ Intern's Tech. Number: \_\_\_\_\_  
(Please Print)

Name of Agency Affiliation: \_\_\_\_\_  
(Please Print)

Interning to be at what level: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_ Preceptor's Tech. Number: \_\_\_\_\_  
(Please Print)

Name of Agency Affiliation: \_\_\_\_\_  
(Please Print)

Type of Call: \_\_\_\_\_ Date of Call: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PCR # \_\_\_\_\_

**For Preceptor: (Please evaluate the Intern using the following scale)**

0 – Not observed or unable to evaluate

1 – Unacceptable/Unsatisfactory

2 – Needs Improvement

3 – Average/Satisfactory

4 – Above Average

5 – Outstanding

Please supply any comments for any section that there is a two (2) or a three (3) rating on performance.

**Scene Size up and Patient Assessment**

Actions Performed	Rating	Comments
Checks for scene safety:		
Ability to communicate in an appropriate and efficient manner with patient and family:		
Ability to form general impression:		
Ability to determine level of consciousness:		
Ability to determine chief complaint/apparent life threats:		
Ability to perform initial assessment and treat appropriately:		
Ability to make an initiate appropriate transport decision:		
Ability to select appropriate assessment (focused or rapid):		
Ability to obtain SAMPLE History and History of present illness:		
Ability to perform a detailed physical exam when appropriate:		
Ability to perform an on-going assessment (adhering to appropriate time constraints):		
Ability to interact with other crew members:		

AdditionalComments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Communications</b>		
<b>Actions Performed</b>	<b>Rating</b>	<b>Comments</b>
Demonstrates knowledge and understanding of communications system:		
Demonstrates Knowledge and ability to obtain a signal:		
Demonstrates ability to give patient report while en-route:		
Demonstrates ability to give patient report to hospital staff:		
Demonstrates knowledge of and ability to use specialized Communications Equipment (such as telemetry):		
Demonstrates appropriate actions after receiving orders (such as repeating order, questioning order if it seems inappropriate):		
Additional Comments _____ _____ _____ _____ _____		

<b>Skills Performed (preceptor should list individual skills performed):</b>		
<b>Action Performed</b>	<b>Rating</b>	<b>Comments</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

**Preceptor's comments on overall performance:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Preceptors certification</b>	
I hereby certify that the information recorded above is true and complete to the best of my knowledge.	
Preceptor's Name (please print) _____	Preceptor's signature and Tech. # _____
Intern's Name( please print) _____	Intern's Signature and Intern Tech # _____