



# Health Careers Mentorship Program



Preceptor Feedback Form

PRECEPTOR: \_\_\_\_\_

STUDENT INTERN: \_\_\_\_\_

*Preceptor!* Your evaluation is important to the Shadow Mentorship component of **HCMP**. Please respond as thoroughly as possible using the blank spaces or by attaching a sheet if you wish. Thank you!  
Please complete and return to .....

Please give a brief description of the activities in which the student was involved in with you:

Do you feel that the student was dependable by reporting to the pre-arranged designated area, and appropriately dressed for the activities involved?

Would you comment/evaluate the student's interpersonal and communication skills (using a scale of 1 to 5, 5 being the highest). How did the student intern interact with patients, with other health care professionals, with you, the mentor?

Please comment on the overall impression of the student intern: i.e., curiosity, concern, compassion, assertiveness, or leadership potential:

How would you evaluate your overall experience with HCMP on the basis of structure, student participation, and satisfaction you receive as a mentor (Using a scale of 1 to 5, 5 being the highest):

Are you willing to participate in the shadow program again?

SIGNATURE/TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_