

SAN JOAQUIN COUNTY EMS AGENCY
Preceptor Evaluation Form

Paramedic Candidate Name: _____

Preceptor Name and License #: _____

Date Field Evaluation began: _____ Date Ended: _____

The paramedic candidate shall submit this form to the EMS Agency upon completion of their field evaluation. The accreditation card will not be issued until this form is received.

Rating Standards: Please mark the appropriate box	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The preceptor provided the information I needed to be successful on my first shift.					
My preceptor completed call evaluation forms in a timely manner.					
The preceptor provided me with guidance on how to correct deficiencies he/she observed during calls.					
The preceptor facilitated/provided an environment that was conducive to learning.					
The preceptor had a strong knowledge of EMS Agency Policies.					
Overall Ratings:	Excellent	Good	Average	Poor	Very Poor
Please rate your preceptor's overall performance.					

(Please use additional pages for comments if necessary)

Please provide comments for marks that are below disagree and/or poor: _____

Please provide any other comments: _____

 Paramedic Candidate Signature

 Date

Return the completed evaluation to:

San Joaquin County EMS Agency
 PO Box 220
 French Camp, CA 95231
 Phone No. (209) 468-6818