



## Victor Valley College Paramedic Student Clinical Daily Evaluation Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Shift #: \_\_\_\_\_

Hospital & Department: \_\_\_\_\_

### Purpose

This daily evaluation form is required at the completion of each daily clinical shift. The VVC Paramedic/Critical Care Paramedic Programs require that students complete this daily evaluation at the end of their clinical shift by the nurse or staff member that was assigned to the student for the shift.

### Evaluation Factors

1 – Requires instruction and prompting when performing.

2 – Able to perform with minimal instruction.

3 – Able to perform without any instruction.

N/A – Not applicable

### Evaluation

Section	Rating	Comments
<b>Assessment/Pathologies</b>		
Assessments Quality		
Pathologies Recognition		
<b>Psychomotor Skills</b>		
Patient Management		
Skills & Interventions Performance / Equipment Operation (IV, Meds, BLS/ALS skills)		
<b>Affective Behavior / Communication</b>		
Attitude & Professionalism		
Rapport (patient, family, staff)		
<b>Leadership</b>		
Initiative & Participation		
Feedback & Guidance		
Attendance & Appearance		

Please complete second page!

## Summary of Performance

## Plan for Improvement

## Signatures

My signature below indicates that the above-named paramedic/critical care paramedic student has completed their clinical shift under my guidance and supervision and all information above is true and accurate.

Preceptor/Nurse/Charge Nurse Name (print): \_\_\_\_\_

Preceptor/Nurse/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Arrival Time: \_\_\_\_\_ / End Time: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_