



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

Please complete second page!

Summary of Performance

Please provide a written summary of the student's performance: _____

[illegible]

Plan for Improvement

Please provide a written plan for improvement: _____

[illegible]

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: _____