

**H&P #1 due 11/28/06    H&P #2 due 2/6/07**  
**H&P #3 due 3/13/07    H&P #4 due 4/13/07**

**DATA BASE: PRECEPTOR'S EVALUATION**

**Student's Name:** \_\_\_\_\_

**Preceptor's Name:** \_\_\_\_\_

**Hospital/Clinic:** \_\_\_\_\_

**Initials Of Patient:** \_\_\_\_\_

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**STUDENT:** Record **ALL** information requested. Return the completed form, together with its evaluation on this page, to the **PCM-2 Education Specialist, Educational Affairs Office, Bldg. 120, Room 320** within one week following the evaluator's review. Thank you.

**PRECEPTOR:** Please review and criticize the student's completed form. Pertinent criticisms and suggestions may be written directly on the form. Evaluate the student-doctor's work in areas listed below. Date and sign the form and have the student do the same. Thank you.

	<u>DOES NOT MEET EXPECTATIONS</u>	<u>MEETS WITH CONCERN</u>	<u>MEETS EXPECTATIONS</u>	<u>EXCEEDS EXPECTATIONS</u>
<b>LEGIBILITY:</b>				
<b>HISTORY:</b>				
<b>PHYSICAL EXAMINATION:</b>				
<b>PROBLEM LIST:</b>				
<b>IDENTIFICATION OF PERTINENT +/-S</b>				
<b>USE OF MEDICAL TERMINOLOGY</b>				

**PRECEPTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_