

Preceptor's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Preceptorship Dates Start: \_\_\_\_\_

End: \_\_\_\_\_

Total days worked: \_\_\_\_\_ Dates the student was absent (if any) \_\_\_\_\_

**TEXAS FAMILY MEDICINE PRECEPTORSHIP PROGRAM  
PRECEPTOR'S EVALUATION OF STUDENT PERFORMANCE**

*Please circle the response that best describes your experience with the student being evaluated.  
Omit any item that you feel you are unable to evaluate.*

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
SD	D	N	A	SA

- |   |    |   |   |   |    |
|---|----|---|---|---|----|
| 1. The student took his/her responsibilities as a medical student seriously.  | SD | D | N | A | SA |
| 2. The student arrived on time for the required components of the preceptorship experience.                               | SD | D | N | A | SA |
| 3. The student expressed an interest in the underlying content material of family practice.                               | SD | D | N | A | SA |
| 4. The student demonstrated an ability to interact courteously and professionally with members of the staff and patients. | SD | D | N | A | SA |
| 5. The student demonstrated the ability to establish rapport with patients.   | SD | D | N | A | SA |
| 6. The student demonstrated commitment to patient care.   | SD | D | N | A | SA |
| 7. The student asked questions about and expressed some understanding of the familial nature of family practice.          | SD | D | N | A | SA |
| 8. The student actively solicited help when he/she needed it.   | SD | D | N | A | SA |
| 9. The student seemed to listen to and accept feedback in a constructive manner.  | SD | D | N | A | SA |
| 10. The student demonstrated an awareness of the relationship of family physicians to their community.                    | SD | D | N | A | SA |

- |   |    |   |   |   |    |
|---|----|---|---|---|----|
| 11. The student demonstrated an awareness of the appropriate use of community resources available for comprehensive patient care. | SD | D | N | A | SA |
| 12. The student can take a history from a patient that is appropriate for his/her level of training.                              | SD | D | N | A | SA |
| 13. The student can perform a physical examination that is appropriate for his/her level of training.                             | SD | D | N | A | SA |
| 14. The student demonstrated a fund of basic knowledge that is appropriate for his/her level of training.                         | SD | D | N | A | SA |
| 15. The student achieved a level of overall performance that is satisfactory.   | SD | D | N | A | SA |

---

*As is the case with many complex educational experiences, evaluation forms often times leave significant gaps in the educator's perceptions of the student's performance. Please use the space below to comment on any aspect of the student's performance, whether to point out an area of excellence or need.*

---



---



---



---



---



---



---



---

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

**Please fax to the TFMPP office (512) 329-8237**

**or mail to:**

TFMPP c/o Angelina Trevizo  
12012 Technology Blvd., Ste 200  
Austin, TX 78727