



**Preceptor Assessment Form - Nurse Manager Assessment
LPN to RN Online Program**

Dear Madam or Sir:

You are in receipt of this communication as a member of your professional nursing staff has agreed to be a clinical preceptor for _____ (student name), a student enrolled in the LPN-RN Online Program through Allegany College of Maryland.

We are asking your cooperation in completing this form and returning it directly to the Department of Nursing at Allegany College of Maryland either by: FAX- 301-784-5106 or email to: Jennifer Burriss, MSN, RN Clinical Coordinator at rnclinicals@allegany.edu

Preceptor Assessment Form

_____ (Potential preceptor name) is the registered nurse identified as a potential clinical preceptor for the above named Allegany College of Maryland nursing student enrolled in the LPN-RN Online Program. As her/his supervisor, your observations of the nurse's skills as a clinical preceptor are much valued. Please rate the nurse on the following clinical and interpersonal skills.

Place a check mark on the appropriate line(s) if the preceptor staff nurse has the following qualifications:
 _____ is BSN prepared or currently enrolled in a BSN program.
 _____ has a minimum of two-years work experience
 _____ is certified in an area of nursing practice.

Rating Scale

1	2	3	4	5
Never demonstrates this characteristic	Seldom/rarely demonstrates this characteristic	Occasionally demonstrates this characteristic	Consistently demonstrates this characteristic	Always demonstrates this characteristic

** Please use the above rating scale to describe the above nurse as a potential clinical preceptor. **

Characteristic

Rating

- | | | | | | |
|--|---|---|---|---|---|
| 1. Efficient use of time. | 1 | 2 | 3 | 4 | 5 |
| 2. Sound clinical judgment. | 1 | 2 | 3 | 4 | 5 |
| 3. Clinical proficiency. | 1 | 2 | 3 | 4 | 5 |
| 4. Effective teaching skills. | 1 | 2 | 3 | 4 | 5 |
| 5. Interest in new experiences. | 1 | 2 | 3 | 4 | 5 |
| 6. Self-directedness. | 1 | 2 | 3 | 4 | 5 |
| 7. Ability to establish rapport with others. | 1 | 2 | 3 | 4 | 5 |
| 8. Copes well with change. | 1 | 2 | 3 | 4 | 5 |
| 9. Demonstrates positive professional image. | 1 | 2 | 3 | 4 | 5 |
| 10. Interest in working with students. | 1 | 2 | 3 | 4 | 5 |
| 11. Stays current on policies and practices. | 1 | 2 | 3 | 4 | 5 |

Comments:

By signing below, I am verifying the above named registered nurse has been licensed for at least two years. My signature acknowledges approval for the above nurse to be a preceptor for Allegany College of Maryland nursing program. (Check if applicable): I also verify that I personally have a minimum of a BSN degree.

Manager Printed Name _____ Unit: _____

Manager Signature _____ Date: _____

Work phone: _____ Email to contact you if needed: _____