**TRINITY VALLEY COMMUNITY COLLEGE**

**ASSOCIATE DEGREE NURSING**

**Level III**

 **Hearing and Vision Screening Preceptor Evaluation**

Name of agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Criteria | Met | Not met |
| **Safety:**Follows standard precautions and infection control guideline |  |  |
| **Patient Centered Care**: Implements nursing interventions in a safe manner  |  |  |
| **Communication:**Effectively communicates to patient/family/caregiver/staff. |  |  |
| **Professionalism:**  Treats all individuals with respect Arrives on time and follows dress code policy Demonstrates caring and empathy  Seeks learning opportunities Practices in a legal and ethical manner |  |  |
|   Hours in setting :  |  |  |

Comments:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed 5/2016