**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