



**Central DuPage EMS System
Paramedic Program
Clinical Evaluation Form**

Fax completed form to 630-933-2441 or email to tiffani.clausen@nm.org

NOTE: **Print Clearly**

Name:		Time IN:	RN/MD Initials
Preceptor Name:		Date:	Time OUT: RN/MD Initials
Preceptor Signature:		Clinical Site: TRIAGE/CENTRAL DUPAGE HOSP	
DIRECTIONS: Please rate the student based on the guidelines below. Please cite examples, instances, or reasons when rating either "0" (does not meet standard) OR "3" (exceeding standard) in the comments section.			
3 = Exceeds standard	Student provides a model for this standard to peers. Requires little or no oversight or supervision. ("A" level performance)		
2= More than meets standard:	Student demonstrates more than mere competence on this standard. Requires some oversight and supervision regarding this standard. Skill is advancing. ("B" level performance)		
1 = Meets standard:	Student demonstrates competence on this standard. Requires significant oversight and supervision consistent with entry-level competence regarding this standard. ("C" level performance)		
0 = Does not meet standard:	Student does not demonstrate minimal competence on this standard. Requires constant oversight and close supervision.		
Performance	Activity		
3 2 1 0	Performs accurate initial assessment and classify sick/not sick		
3 2 1 0	Verbalizes understanding of TRIAGE		
3 2 1 0	Asks appropriate questions based on chief complaint		
3 2 1 0	General understanding of medications and reason for taking		
3 2 1 0	*Communicates effectively with staff, patients, caregivers		
3 2 1 0	*Demonstrates readiness to learn		
3 2 1 0	*Demonstrates use of proper PPE		
PRECEPTORS:	*Items are required for evaluation. Other skills are only if completed.		

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Student Name _____ Date: _____

Please complete a section for each patient you observe

*** If you have observed more than 15 patients, complete additional forms ***

Patient #1:	Chief Complaint:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
History:	
Pertinent Meds:	
Comments:	
Patient #2:	Chief Complaint:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
History:	
Pertinent Meds:	
Comments:	
Patient #3:	Chief Complaint:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
History:	
Pertinent Meds:	
Comments:	
Patient #4:	Chief Complaint:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
History:	
Pertinent Meds:	
Comments:	
Patient #5:	Chief Complaint:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
History:	
Pertinent Meds:	
Comments:	

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Student Name _____ Date: _____

Patient #6: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #7: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #8: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #9: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #10: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	

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Student Name _____ Date: _____

Patient #11: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #12: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #13: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #14: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	
Patient #15: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Chief Complaint:
History:	
Pertinent Meds:	
Comments:	