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:	Dispatcher:
Preceptor Name:	Date:	Time OUT:	
Preceptor Signature:	Clinical Site: DuComm		

STUDENT DIRECTIONS: Please rate the effectiveness of your experience. Explain your experience below.	
3 = Exceeds standard	("A" level performance)
2 = More than minimally meets standard	("B" level performance)
1 = Minimally meets standard	("C" level performance)
0 = Does not meet standard	

During this clinical rotation, the student will observe the 911 dispatch services at DuComm.

Upon completion of this clinical rotation, please explain the following (on this paper…legibly!)

1. Explain the role of the Emergency Medical Dispatcher.

2. Explain the process of an emergency call from the initial contact to the completion of the call/incident.

3. Discuss the limitations that dispatchers encounter in gaining information necessary for EMS providers.