

EVALUATION OF STUDENT
State University of New York-- Delhi
Veterinary Science Technology Preceptorship

The faculty of the Veterinary Science Department would like to thank you for helping our students complete this practical experience at your facility. Please provide an evaluation after the student has completed their preceptorship experience and fax this form to the college as soon as possible. **Fax# 607-746-4409.**

STUDENT NAME: _____

NAME OF ORGANIZATION : _____

SUPERVISOR or MENTOR'S NAME : _____

ADDRESS: Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

TYPE OF ORGANIZATION: (Check all that apply)

Veterinary Practice: Small _____ Large _____ Mixed _____ Other _____

Laboratory Animal: Research _____ Breeder _____ Other _____

Other Type of Facility (please specify): _____

Number of Preceptorship Hours the Student Completed at Your Facility _____

Please rate the student's performance in each of the following areas. Circle the number which best applies.

5 – Outstanding 4 – Above Average 3 – Average 2 – Below Average 1 – Poor 0 – Very Poor

Punctuality/Attendance								
Prompt, Always on time	5	4	3	2	1	0	Rarely on Time	
Knowledge/Ability/Aptitude	5	4	3	2	1	0	Slow to Respond, Lacking Basic abilities/knowledge	
Attitude/Initiative/Inquisitiveness	5	4	3	2	1	0	Uninvolved, Does not Ask Questions	
Very interested/Eager Questions								
Responsibility/Dependability	5	4	3	2	1	0	Does not follow directions well	
Follows directions well								
Self Confidence	5	4	3	2	1	0	Insecure, constantly needs	
Understands abilities							Reassurance	
Judgment	5	4	3	2	1	0	Seems to work w/out thinking	
Thoughtful/rational								
General Appearance	5	4	3	2	1	0	Sloppy Careless	
Creates good impression								
Maturity/Poise/Ethics	5	4	3	2	1	0	Immature, not professional	
Serious, responsible								
Team Player	5	4	3	2	1	0	Does not work well w/others	

PLEASE BE SURE TO FILL OUT THE BACK OF THIS FORM

Strengths/Deficiencies of the Student –

Strengths/Deficiencies of the Veterinary Science Technology Program –

Comments / Suggestions:

I certify that the above named student participated in the activities of this facility for approximately _____ hours during the period _____ to _____. Prior to starting the internship, the expectations of this experience and the applicable policies of your facility were reviewed with the student.

Signed _____ Date _____

Any questions or problems please contact the Veterinary Science Department at (607)746-4425. Fax – 607-746-4409