**Observation Phase**

**Weekly Eval. Form during the observation phase**

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| **Preceptee Name:** | **Date:** |

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| **Unit / Preceptor:** |

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| **To be completed by Preceptor** |
| **Category** | **Performance Evaluation** |
| 1. | Strengths  |  |
| 2. | Weaknesses |  |
| **Below to be completed by Preceptee** |
| 3. | Goals  |  |
| 4. | Concerns  |  |
| **Preceptee’s Name:** | **Preceptee’s Signature:**  | **Date:** |
| **Preceptor's Name:** | **Preceptor's Signature:** | **Date:** |