**Participation phase**

**Per Shift eval. Form during the participation phase**

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

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| **Unit / Preceptor:** |

\*ALS ONLY: GREEN SHADED CATEGORIES

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| **Category** | | **Performance Evaluation** |
| 1. | Scene Safety and Situational Awareness |  |
| 2. | Work Ethic, Attitude, and Professionalism |  |
| 3. | Communication Skills |  |
| 4. | Patient Assessment / Documentation |  |
| 5. | Equipment Knowledge and Care |  |
| 6. | Driving Abilities, Safety, and Area Familiarization |  |
| 7. | Basic Life Support Knowledge and Skills |  |
| 8. | Attendant-in-Charge Capabilities |  |
| 9. | Medical Protocol / Operating Procedure Knowledge |  |
| 10. | Advanced Life Support Knowledge and Skills\* |  |

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| **Preceptor must provide a written summary of the intern's overall performance to date:**   |  |  | | --- | --- | | **Incident #’s** | **Reason for review** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **Preceptee’s Name:** | **Preceptee’s Signature:** | **Date:** |
| **Preceptor's Name:** | **Preceptor's Signature:** | **Date:** |

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