**Participation phase**

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

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

|  |
| --- |
| **Unit / Preceptor:** |

\*ALS ONLY: GREEN SHADED CATEGORIES

|  |  |
| --- | --- |
| **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\* |  |

Page 1 of 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Preceptor must provide a written summary of the intern's overall performance to date:**

|  |  |
| --- | --- |
| **Incident #’s** | **Reason for review**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |

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

Page 2 of 2