



PHYSICIAN ASSISTANT PROGRAM

Northwestern College PA Program Mid Rotation Preceptor Evaluation

Name of Student _____ Rotation Site _____

Rotation Course _____ Dates of Rotation _____

Here at the mid point of your rotation I consider your progress to be:

_____ **Excellent.** Better than the average PA student at this point.

_____ **Adequate.** About average for a PA student at this point.

_____ **Unsatisfactory.** You are in danger of failing this rotation (Please contact the Director of Clinical Education to provide further information)

Suggestions for improvement are **requested** for any student in the A or B category. Outline of deficiencies and requirements for improvement are **required** for any student in the C category.

***This student has reviewed the Course Objectives for this rotation with me: Yes / No**

Comments:

Signature of Preceptor/Date

Signature of Student/Date