

# RC Health Services

## Emergency Medical Services Training

### Student Evaluation

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Shift Time: \_\_\_\_\_

Course Number: \_\_\_\_\_

Class Instructor: \_\_\_\_\_

#### Instructions to the Evaluator:

In order to ensure the highest level of educational experience, RC Health Services requests your assistance in the evaluation of our students. The points and comments are used by our Instructors to evaluate their performance and are part of their overall clinical grade. **In addition, please record the number of patients that were transported.**

#### Mark form using this criteria

1- Poor    2 - Below Average    3 - Average    4 - Above Average    5 - Excellent

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's professionalism, integrity and overall demeanor is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's appearance/initial presentation is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's overall knowledge of training is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's level of clinical motivation to maximize the learning experience is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's attitude towards opinions, skills and actions of professional colleagues and instructors is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's level of participation in patient care while demonstrating advocacy and empathy is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's communication with staff and/or patients (includes verbal, non-verbal and written) is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's performance of psychomotor skills for his/her level of training is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's ability to demonstrate self confidence is:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student's ability to demonstrate support for other team members is:
<b>Total Score</b> <input type="text"/>					If total score is less than 20 or greater than 40, please justify below _____ _____ _____ _____ _____
<b>Total Transports</b> <input type="text"/>					

\_\_\_\_\_  
Evaluator's Printed Name

\_\_\_\_\_  
Evaluator's Signature

