

**Widener University
School of Nursing**

***Doctor of Nursing Practice Program*
Preceptor/Mentor and Site Evaluation Form**

Course Number _____ Semester _____
 Practice/Site Name: _____
 Preceptor/Mentor's Name: _____
 Preceptor/Mentor's Location _____

Rating Scale: 1=Strong Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Practicum Site Evaluation

	1 to 5	Comments
1. The setting was supportive and conducive to the achievement of the course objectives.		
2. The setting was supportive and conducive to the achievement of DNP competencies.		
3. The setting was supportive and conducive to the achievement of your learning goals?		
4. I would recommend this site for another student.		

Practicum Preceptor/Mentor Evaluation

	1 to 5	Comments
1. This preceptor/mentor provided opportunities to achieve your goals and competencies for the DNP program.		
2. The preceptor/mentor was available for consultation and advisement.		
3. This preceptor offered constructive/ useful feedback.		
4. This preceptor/mentor provided effective advisement/consultation and support.		
5. I would recommend this preceptor for another student.		

Please feel free to write any additional comments or suggestions on the back of this form.