

## PRECEPTOR'S EVALUATION OF STUDENT/PRECEPTEE PARTICIPATION

### INSTRUCTIONS TO STUDENT:

Complete this section of the form AND the last section on page 2 of the form. Give the form to preceptor to be completed and returned to the Board office.

Anticipated Graduation Date: \_\_\_\_\_ Veterinary School: \_\_\_\_\_

### INSTRUCTIONS TO PRECEPTOR:

Revised Dec2015

This form is to be completed and returned directly to the Board office at: 301 Main Street, Suite 1050, Baton Rouge, LA 70801. Submission of this form to the Board office is a requirement of the program. Please give a candid appraisal of the student/preceptee's performance in the categories which are applicable to your particular preceptorship program. It is within the preceptor's discretion as to the categories to be implemented and appraised.

	Excellent/ Ourstanding	Good	Average	Poor	N/A
1. Taking accurate patient histories					
2. Physical examination of patients					
3. Selection of clinical pathology tests					
4. Application of clinical pathology test results					
5. Overall diagnostic ability					
6. Appropriate use of radiology					
7. Radiographic interpretation					
8. Ability to perform necropsies					
9. Necropsy diagnosis					
10. Clinical problem solving skills					
11. Keeping adequate medical records					
12. Selection of therapeutic drugs					
13. Consideration of economy in drug selection					
14. Knowledge of Development of appropriate treatment plan					
15. Knowledge of Assessment of when referral is appropriate					
16. Knowledge and utilization of restraint technique					
17. Nursing care of patients					
18. Knowledge of Inducement and maintenance of anesthesia					
19. Knowledge of Assessment and management of pain					
20. Knowledge of surgical procedures					
21. Judgment in recommending surgery					
22. Aseptic technique					
23. Preparation of the patient					
24. Surgical skills					

25. Post-operative care					
26. Venoclysis technique					
27. Technique of oral medication					
28. Technique of intramuscular and subcutaneous medication					
29. Knowledge of Management of entry level medicine patients					
30. Knowledge of Management of emergency patients					
31. Knowledge of Management of patients in intensive care setting					
32. Knowledge of preventative medicine practice					
33. Understanding common zoonoses					
34. Knowledge of Assessment of basic bio-security procedures (infectious disease isolation containment/prevention; aseptic technique; X-ray/radiation safety; personal hygiene)					
35. Professional conduct with clients					
36. Self-conduct and self-control					
37. Client communication					
38. Ethical Conduct					
39. Student's attendance					
40. Student's overall attitude					
41. General practice procedure					

Please list specific areas, if any, in which you feel student/preceptee's instruction was lacking and make recommendations for further study.

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Do you consider this individual to be suitably trained to be licensed in the State of Louisiana:

Yes No If no, please indicate reason:

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Please give any additional comments you wish to make:

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Signed: \_\_\_\_\_  
Supervising Veterinarian/Preceptor

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

Practice Name (Print): \_\_\_\_\_

PRECEPTEE NAME (Print): _____		DOB: _____	
Address: _____		_____	
Street or P. O. Box	City	State	Zip
Phone: (_____) _____			