

EXHIBIT B

Preceptor's Residency Performance Evaluation

*At the completion of the summer residency, please complete and return to the attention of Director of Professional Development, Health Services Management and Policy, 410 Cunz Hall, 1841 Neil Avenue, Columbus OH 43210 **by September 30th, 2009**. Fax: (614) 292-3572. E-mail : thaci.1@osu.edu. If you have any questions, please call (614) 292-0969. THANK YOU!*

STUDENT NAME: _____ **Today's date:** _____

PRECEPTOR NAME: _____ **Title:** _____

ORGANIZATION: _____

PRECEPTOR'S PHONE # _____

PRECEPTOR'S E-MAIL: _____

ADDRESS: _____

Please describe the student's main roles and responsibilities with your organization:

1. _____
2. _____
3. _____
4. _____

What were the student's major strengths in the residency?

1. _____
2. _____
3. _____

PRECEPTOR'S EVALUATION (CON'T)

In what areas could the student improve in order to function more effectively?

- 1. _____
- 2. _____
- 3. _____

What new skills did the student develop as a result of their residency?

- 1. _____
- 2. _____
- 3. _____

Did the student maintain a positive attitude?

Always Most of the time Some of the time

Did the student maintain a professional demeanor?

Always Most of the time Some of the time

How well was the residency suited to the student's ability and interests?

Well-suited Satisfactorily suited Not well suited

Please explain:

What is your overall evaluation of the student's performance?

Excellent Good Satisfactory Needs improvement Unsatisfactory

Please enter any additional comments:

Preceptor signature