



**Missouri State University  
Professional Development Evaluation**

Purpose: The purpose of this evaluation is to provide feedback to the student regarding his/her professional development toward becoming a health care professional. These ratings are based on observations of the student in laboratory, clinical, and professional situations.

Students Name: \_\_\_\_\_

Evaluator: \_\_\_\_\_

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

Activity: \_\_\_\_\_

Dates of Activity: \_\_\_\_\_

Evaluation type: Preceptor Evaluation of Student

**Based on your experience with the HPS student, please rate him/her in each of the following areas:**

	<b>Excellent 5</b>	<b>Good 4</b>	<b>Average 3</b>	<b>Below Average 2</b>	<b>Poor 1</b>	<b>Not Observed 0</b>
<b>Commitment to Learning</b>						
<b>Professionalism (attitude, appearance, etc.)</b>						
<b>Interpersonal Skills</b>						
<b>Communication Skills</b>						
<b>Effective Use of Time</b>						
<b>Use of Constructive Feedback</b>						
<b>Ethical and Professional Behavior</b>						
<b>Responsibility (punctuality, scheduling shadowing in advance, etc.)</b>						
<b>Critical Thinking Skills</b>						
<b>Stress Management</b>						
<b>Problem Solving</b>						
<b>Leadership</b>						

Taking into consideration these characteristics, how do you think this person would perform as a health care provider?

I highly recommend this applicant as a health care provider

I recommend this applicant as a health care provider

I recommend this applicant as a health care provider, but with some reservations

Additional Comments (attach separate sheet if necessary): \_\_\_\_\_  
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Evaluator's Name (please print) \_\_\_\_\_  
Occupation/Position \_\_\_\_\_  
Company/Institution \_\_\_\_\_ Phone \_\_\_\_\_  
Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Evaluations may be submitted by the evaluator to the HPS email at [HPSP@missouristate.edu](mailto:HPSP@missouristate.edu).