

# Preceptor Appraisal Form

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FOUNDATION FOR  
**REGISTERED NURSES**  
 OF MANITOBA INC.

This form is to be completed separately by both the nominator (student) and the supporting RN. Submit both copies with the nomination form.

NAME OF NOMINEE: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

In what capacity? Student      RN from nominee's current working unit

**INSTRUCTIONS:**

1. Based on the knowledge of the candidate use the rating scale provided to score each of the following qualities.
2. Please note that the appraisals are an important component of the selection process.
3. Rate each of the items by placing a check mark under the appropriate heading.

	Below Average	Average	Above Average	Outstanding
Provides a supportive and positive learning environment for a student that includes regular contact, clarity of expectations, and constructive feedback for professional growth.				
Actively and consistently demonstrates strong leadership and interpersonal skills with nursing students and colleagues including communication skills, and the modelling of compassion and care.				
Finds effective learning opportunities to enhance the development of confidence and competence of the learner.				
Stimulates critical thinking and reflection of practice.				

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Based on your knowledge of the nominee, describe why this nominee should be considered for a "Preceptor Excellence" award. Describe any outstanding characteristics you consider significant about this person as per the ratings above. These comments should be no more than 250 words.

Name of nominator: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing below, you are acknowledging that the information you are providing is accurate and true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised: Nov 2009, May 2010, October 2012, July 2014