MOLLOY COLLEGE
THE BARBARA H. HAGAN SCHOOL OF NURSING
GRADUATE PROGRAM
NUR 532 - EDUCATION PRACTICUM

Faculty Evaluation of Student in the Education Practicum
Student Name: _____   **Semester**:_____
Faculty Member's Name: _____
Preceptor # Hours_____
PRACTICUM SITE:_____

Objective	Pass	Fail	Needs Improvement	No Opportunity To Observe
A. <u>Educator Role</u>				
1. **Identified the characteristics of an effective nurse educator.**				
2. **Participated in the overall functioning of an education setting.**				
3. **Constructed personal objectives for the Practicum experience.**				
4. **Carried out evaluation procedures appropriate to the Practicum.**				
5. **Maintained a professional relationship with the Mentor.**				
6. **Implemented a teaching plan for a class presentation in the Practicum setting.**				
7. **Assessed the learner.**				
8. **Identified teaching-learning activities.**				
9. **Implemented teaching strategies.**				
10. **Implemented technological resources and modalities to support teaching and evaluate learning/program outcomes.**				
11. **Submitted logs describing the field experience including the applications of theory.**				

Objective	Pass	Fail	Needs Improvement	No Opportunity to Observe
B. Research Role **1. Utilizes research to support decisions/actions in educator role.** **2. Identifies potential research related to education.** **3. Demonstrates ability to access technology related to advanced practice and education.** **4. Utilizes databases to document and monitor learner and program outcomes.**				
C. Professionalism **1. Assumes responsibility for maintaining current knowledge and competency in area of specialization.** **2. Develops a plan for professional development.** **3. Collaborates with other advanced practice nurses within the institution and healthcare system.** **4. Promotes a positive image of nursing.** **5. Participated in Practicum Seminars**				

COMMENTS: (Please address overall performance and any area marked Fail, Needs Improvement, or No Opportunity to Observe)

PRECEPTOR OR FACULTY:

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STUDENT:

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Preceptor's Signature_____ **Date**_____

Faculty's Signature_____ **Date**_____

Student's Signature_____ _____**Date**_____