

**Attachment B:
Preceptor Evaluation of the Student
UW-Madison Global Health Institute**

Student Name: _____

Field Site Location: _____

Dates of Participation at the Field Site From: _____ To: _____

Preceptor's Name: _____

PRECEPTOR'S ASSESSMENT OF THE STUDENT'S ABILITIES

	Not Observed	Unacceptable	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
<i>Cultural Skills</i>						
Respects and recognizes cultural differences						
Flexibility in cross-cultural interactions						
Cultural humility						
<i>Professionalism</i>						
Interactions with co-workers						
Interactions with clients, patients and/or community members						
Communication skills, including active listening						
<i>Work Habits</i>						
Reliability						
Initiative						
Effectiveness						
<i>Knowledge</i>						
General knowledge of the topics/disciplines involved						
Awareness and openness to new pertinent information						
OVERALL ASSESSMENT						

Assessment of student's strengths and weaknesses: (please use the reverse and/or additional sheets of paper as needed)

Other suggestions or comments for student: (please use the reverse and/or additional sheets of paper as needed)

Signature of the Preceptor: _____ **Date:** _____