

STUDENT EVALUATION OF EXTERNSHIP/PRECEPTORSHIP EXPERIENCE

1. NAME OF STUDENT \_\_\_\_\_

2. TODAY'S DATE \_\_\_\_\_

3. DATES OF EXTERNSHIP/PRECEPTORSHIP \_\_\_\_\_

4. TYPE OF PRACTICE/EXPERIENCE \_\_\_\_\_

5. NAME/ADDRESS OF EXTERNSHIP/PRECEPTORSHIP SITE/MENTOR

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

6. Length of externship/preceptorship (weeks) \_\_\_\_\_

7. What is your evaluation of the externship/preceptorship experience, i.e. did it meet your expectations; did the site mentor carry through with your agreement, etc.?

8. Would you recommend the externship/preceptorship to other veterinary medical students?

You are required to discuss the externship evaluation with your faculty advisors and obtain their signatures below.

\_\_\_\_\_  
Assigned Faculty Advisor

\_\_\_\_\_  
Faculty member in related field