

DAILY FEEDBACK CARD

Student _____ Date _____
 Preceptor _____

	1	2	3	4	5
Knowledge and Skills					
Knowledge in Subject Area					
Problem Solving skills					
Data Gathering Skills					
Physical Exam Skills					
Procedural Skill					
Patient Center Care Skills:					
Integration Skills:					
Management Skills:					
Patient Centered Care (PCC):					
Interpersonal Relationships					
Communication Skills:					
Relationships with Patients and Families:					
Professional Relationships:					
Personal Characteristics					
Educational Attitudes:					
Dependability and Responsibility:					
Comments:					

DAILY FEEDBACK CARD

Student _____ Date _____
 Preceptor _____

	1	2	3	4	5
Knowledge and Skills					
Knowledge in Subject Area					
Problem Solving skills					
Data Gathering Skills					
Physical Exam Skills					
Procedural Skill					
Patient Center Care Skills:					
Integration Skills:					
Management Skills:					
Patient Centered Care (PCC):					
Interpersonal Relationships					
Communication Skills:					
Relationships with Patients and Families:					
Professional Relationships:					
Personal Characteristics					
Educational Attitudes:					
Dependability and Responsibility:					
Comments:					