

EMSTA College - EMT Program
Student Performance Documentation
Ambulance - Hospital

TO BE COMPLETED BY CLINICAL EVALUATOR

Student _____ EMT Instructor _____

Ambulance/Hospital _____

Date _____ Time In _____ Time Out _____ Total Hours _____

**Each student must complete and document
 TEN (10) patient assessments.**

Ratings (mark with an "X")

Above Expectations	Meets Expectations	* Needs Improvement
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A. Performs skills accurately 1. Vital signs 2. Patient survey			
B. Monitors patient status			
C. Demonstrates ability to recognize and work within established role			
D. Follows directions			
E. Seeks out learning experiences			
F. Completes assignments			
G. Demonstrates appropriate communication skills with staff and patients			
H. Professional appearance			
I. Demonstrates ability to work within safety standards			
J. Demonstrates appropriate use of equipment			

* (Any rating marked "Needs Improvement" shall be explained in detail in the comments section below.)

Comments: Please make specific comments on strengths and weaknesses of the student.

Signature of Evaluator: _____

Title: _____