## **INTERN ENCOUNTER EVALUATION**

Intern:			Date:			
Preceptor:			Incident #:			
Primary Complaint:						
1= Dangerous 2= Needs Improvement 3= Average 4= Good 5= Excellent/Experienced Provider						
Pt Assessment	N/A	1	2	3	4	5
Airway Management	N/A	1	2	3	4	5
Treatment Modalities	N/A	1	2	3	4	5
BLS Skills	N/A	1	2	3	4	5
Drug Therapy	N/A	1	2	3	4	5
Radio Communications	N/A	1	2	3	4	5
IV Therapy	N/A	1	2	3	4	5
Patient Transfer	N/A	1	2	3	4	5
Written Report	N/A	1	2	3	4	5
Intubation (ALS)	N/A	1	2	3	4	5
EKG Interpretation (ALS)	N/A	1	2	3	4	5
Comments:						
Preceptor's Signature:						