

**THE OHIO STATE UNIVERSITY
COLLEGE OF NURSING
Graduate Program in Pediatric Advanced Practice Nursing**

Clinical Evaluation for

Clinical Competency	Not Applicable	Highly dependent On preceptor for direction	Needs regular, moderate level of assistance	Minimal regular direction or assistance from preceptor	Largely independent – Student seeks consultation as needed in new situations
Completes history & records systematically, accurately, & succinctly					
Performs PE & developmental assessment skillfully					
Adapts evaluation techniques to the child's age & developmental level					
Reports history & PE findings concisely					
Identifies a range of reasonable differential diagnoses					
Proposes appropriate plans of care					
Orders, performs, & interprets routine lab tests appropriately					
Provides accurate anticipatory guidance to parents and children during well visits					
Orders correct immunizations					
Provides correct immunization information to parents, & assesses for contraindications consistently					
Selects appropriate supplements as recommended by the AAP					
Calculates medication dose based on child's weight correctly					
Arranges referrals as needed					
Establishes rapport with child and parent					
Establishes professional rapport with other staff members					

Please turn over the sheet for checkbox items.

The student consults with you appropriately regarding patient care.	Yes	No
The student is respectful of you, other staff, parents, and children.	Yes	No
The student is well groomed and appropriately dressed for clinical practice.	Yes	No
The student is on-time for clinical days and hours.	Yes	No
The student notifies you in a timely manner about absences or late arrivals.	Yes	No
The student is an active learner asking questions and seeking additional information independently.	Yes	No
The student is organized in his or her approach to the clinical day and seeing patients.	Yes	No
The student shows enthusiasm towards patient care and a sincere interest in learning.	Yes	No

Areas to focus on for improvement:

Areas of strength:

Signature: _____ Date: _____