

# Preceptor - Student Assessment



Preceptor Name		Date:
Student Name		

Rate the competency level of the following skills and note observations:

Rating	Tasks	Notes
<b>Always Requiring Direct Supervision for tasks below</b>		
NA	*Order/obtain diagnostic imaging (if necessary)	
NA	*Formulate a diagnosis (Must be confirmed by preceptor)	
NA	*Develop or change a treatment plan (Must be confirmed by preceptor)	
NA	*Obtain consent as part of assessment and treatment	
NA	*Obtain informed consent to treatment	
NA	*Perform cervical adjustment/manipulation	
NA	*Perform thoracic adjustment manipulation	
NA	*Perform lumbar/sacroiliac adjustment/manipulation	
NA	*Perform extremity adjustment/manipulation	
<b>Level of Supervision Determined by Preceptor ranging from direct to indirect</b>		
NA	Obtain consent for student provided services	
NA	Obtain information for patient entry	
NA	Administer and interpret outcome measures	
NA	Elicit specific case history	
NA	Perform an examination (List examinations student may perform)	
NA	Communicate a diagnosis and treatment plan to the patient (that was confirmed by preceptor)	
NA	Document performance in patient health record	
NA	Communicate and provide health education (Exercise prescription and lifestyle education)	
NA	Perform listed therapies (US, Laser, Electrotherapy, Soft Tissue therapy)	
<b>Rating</b>	<b>Description</b>	
1	Must develop knowledge, skills, and decision-making more before they move from direct to indirect supervision.	
2	May perform/practice on/with patients with direct supervision.	
3	May perform/practice on/with patients with indirect supervision.	



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\*Activities marked with an asterisk always require direct supervision, including sign off by preceptor.

Please list and discuss any other tasks (lifestyle education, prescriptive exercise, laser, ultrasound, etc.) to be assigned in your clinic, and your assessment of the student's competency performing each task in the blank spaces provided in the right-hand column above.

Please refer to the Preceptorship Supervision Guide for a list of tasks that always require direct supervision, and for what activities may be performed with indirect supervision.

**Please describe any patient populations or areas of complaint (low back shoulder, etc.) that you would like the student to improve on:**

Improvements	Describe details of what needs to be improved

**Please describe any patient populations or areas of complaint that the student demonstrated strong competency or proficiency:**

Proficiencies	Describe details of proficiencies

## Declaration

I have discussed the assessment with my student. This assessment will be used to guide the supervision plan put in place and assign tasks and levels of supervision while the student is supervised in a clinical setting.

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**The student and preceptor must both retain a copy of the signed student-preceptor assessment.**

A PDF copy of all assessments and supervision plans must be sent to [registration@theccoa.ca](mailto:registration@theccoa.ca) at the end of the preceptorship.