



Once **each month** the **Primary Preceptor** and **student** are required to assess the student's progress using this tool. We would suggest that separate "draft" forms be completed independently by both the preceptor and the student prior to reviewing and discussing the student's progress together. Both will benefit by looking at the previous DATs to make this assessment. Obvious discrepancies in the evaluation between the student and preceptor should facilitate discussion between the two regarding their different perspectives. **One single monthly DAT should be completed at the conference.**

Because the Primary Preceptor may not be the only preceptor working with the student, a review of the Daily DATs by the Primary Preceptor, or a discussion with the other preceptors in the practice may need to occur before completing this form. The preceptor that guides the student on any given day will complete the Daily DAT but we ask that only the Primary Preceptor complete and sign the monthly form.

Please note that for each competency, there is a place to indicate when a competency is attained in the OUTPATIENT SETTING and in the INPATIENT SETTING. These may or may not occur simultaneously.

CRITERIA	CLINICAL COMPETENCIES	UNMET	MET (date met)
1. ASSESSMENT SKILLS	a. Understands data collection process	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Collects complete database and reports to preceptor with assistance.....	<input type="checkbox"/>	<input type="checkbox"/> _____
2. IDENTIFICATION OF PROBLEMS AND NEEDS	a. Verbalizes common problems and needs for this client with assistance.....	<input type="checkbox"/>	<input type="checkbox"/> _____
3. ESTABLISHMENT OF PLANS AND PRIORITIES FOR ACTION	a. Verbalizes components of a basic management plan for this client (Dx, Rx, Tx, Teaching).....	<input type="checkbox"/>	<input type="checkbox"/> _____
4. VERBAL INTERACTION SKILLS	a. Demonstrates openness and friendliness with clients and staff.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Listens in a sensitive manner.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Contributes appropriately to teaching and counseling	<input type="checkbox"/>	<input type="checkbox"/> _____
5. PSYCHOMOTOR SKILLS	a. Demonstrates comfort with and cares properly for equipment	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Minimizes iatrogenic risks to self, client, and others.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Verbalizes components of task.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	d. Performs hand maneuvers with assistance.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	e. Is gentle.....	<input type="checkbox"/>	<input type="checkbox"/> _____
6. KNOWLEDGE BASE	a. Verbalizes understanding of pertinent path physiology and differential dx as appropriate	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Defines common terms	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Describes principles underlying procedures/tests.....	<input type="checkbox"/>	<input type="checkbox"/> _____
7. DOCUMENTS	a. Legibly records with assistance, basic information on client record.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Takes responsibility for completing student records.....	<input type="checkbox"/>	<input type="checkbox"/> _____
8. SAFETY OF STUDENT PERFORMANCE	a. Performs any manual task only after consulting with preceptor.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Verifies all findings with preceptor.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Accepts direct supervision of management.....	<input type="checkbox"/>	<input type="checkbox"/> _____



CRITERIA	CLINICAL COMPETENCIES	UNMET	MET (date met)
9. PROFESSIONAL ROLE	a. Punctual, appropriately dressed, and prepared to work and learn b. Receives feedback from other members of health care team graciously .. c. Demonstrates respect for the client as a person..... d. Demonstrates respect for staff and ancillary members of the health care team..... e. Demonstrates follow up study of client's problems from the previous clinical day as indicated.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Preceptor Signature: _____ Date _____

Student Signature: _____ Date _____