



The Daily Development Assessment Tool (DDAT) must be filled out **each day**. The student fills out **Type of Clinical Experience**. The remainder is to be completed by the preceptor.

We stress the need for written comments and strongly suggest that preceptors use the following criteria to direct their comments: 1) Skills (assessment, verbal interaction, psychomotor); 2) Critical thinking (identification of problems and needs, establishing plan, prioritizing action, knowledge base and use of resources); 3) Professional Behavior (safety of performance, documentation, communication with preceptor/staff, role transition). Comments do not need to reflect all of the above each day, but should reflect the primary issues of the day, strengths and areas for improvement.

Student Name: _____ **Date** _____

Type of Clinical Experience (Check all that apply)

CNEP Students

- | | |
|--|--|
| <input type="checkbox"/> Gynecologic visits (# _____) | <input type="checkbox"/> Postpartum 1-8 weeks (# _____) |
| <input type="checkbox"/> Preconception care (# _____)* | <input type="checkbox"/> Newborn assessments (# _____) |
| <input type="checkbox"/> New antepartum (# _____) | <input type="checkbox"/> Breastfeeding support visits (# _____)* |
| <input type="checkbox"/> Labor management (# _____) | <input type="checkbox"/> Peri/Postmenopausal visits (# _____)* |
| <input type="checkbox"/> Return antepartum (# _____) | <input type="checkbox"/> Family planning (# _____)* |
| <input type="checkbox"/> Births (# _____) | <input type="checkbox"/> Common health problems (# _____)* |
| <input type="checkbox"/> Postpartum 0-7 days (# _____) | |

**May be counted in more than one area if appropriate - Discuss with RCF.*

Challenge of Management Experience (check on box in each category)

Category	Low	Moderate	High
Pressures of Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressures of Client Need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty/Complexity of Client Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Strengths: (list and provide examples - use back of page if needed)

Student areas for improvements: (list and provide examples)

Plan for next clinical session: (optional as needed)

Student Hours for day: _____

Preceptor Signature: _____ Date _____

Student Signature: _____ Date _____