

Postmasters Doctor of Nursing Practice (DNP) Program

**N950 DNP Residency Evaluation**  
Preceptor and Student Evaluation of Residency Experience

DNP Student Name: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Preceptor name, position title, and organization:

\_\_\_\_\_

Academic term and dates of experience: \_\_\_\_\_

**Student Evaluation of Experience**

	Learning objectives for this experience	Not Met 1	Slightly Met 2	Moderately Met 3	Substantially Met 4	Totally Met 5
1)						
2)						
3)						
4)						
5)						
6)						

**Narrative comments by student:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I verify that I have completed at minimum of 120 hours (per credit hour) in the clinical site.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Preceptor Evaluation of Experience**

Learning objectives for this experience		Not Met 1	Slightly Met 2	Moderately Met 3	Substantially Met 4	Totally Met 5
1)						
2)						
3)						
4)						
5)						
6)						

**Narrative comments by preceptor:**

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Thank you very much for your evaluation.

When completed, return form to:

Dana Tschannen, PhD, RN  
 Vice Chair for Academic Affairs  
 Director of Post-Master's DNP Program  
 School of Nursing  
 University of Michigan  
 400 N. Ingalls  
 Ann Arbor, MI 48109-5482  
 djvs@umich.edu