

Lancaster General College of Nursing & Health Sciences  
Lancaster EMS - Paramedic Program  
Student Clinical Evaluation Form – **PSAP/911 Center**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Total Hours \_\_\_\_\_

Call Types/Nature Observed			
EMS	Fire	Law Enforcement	Other

COMMENTS

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_