



Preceptor: \_\_\_\_\_ Dates: \_\_\_\_\_

Evaluating the (name of) Learner: \_\_\_\_\_

Site/Location: \_\_\_\_\_ Number of Hours in Traineeship: \_\_\_\_\_

Objectives:

**Evaluation of Performance:** Overall evaluation of learner's performance (please select one):

Exceeds  
expectations

Consistently  
meets expectations

Inconsistently  
meets expectations

Does not meet  
expectations

Please comment on the learner's overall strengths and areas for improvement, if applicable.

**Strengths:**

**Areas for improvement:**

Evaluation completed by:

Team

Individual

Comments:

Preceptor's Signature:

Date:

**Learner's Comments:**

**For completion by the Learner**

I have read this report and

I agree

I disagree

Evaluation was discussed with the preceptor

Yes

No

Learner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is to be completed by the Preceptor and reviewed with the Learner**

**Please complete, sign and return to:**

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Continuing Competency and Assessment, Rady Faculty of Health Sciences  
University of Manitoba  
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