

PARAMEDIC FIELD INTERNSHIP DAILY PERFORMANCE RECORD

INTERN
DATE
PARAMEDIC PROGRAM
INTERNING AGENCY/STATION

SHIFT #
TIME IN: _____ OUT: _____
PRECEPTOR: _____
PRECEPTOR: _____

DIRECTIONS: Sections are to be completed by the intern. Each run must be rated by the intern and preceptors in each applicable category. Comments regarding runs should be made in comments area provided.

 RATING: 1- Fails to Perform 2 – Borderline-inconsistent 3 - Competent

Patient Information and Chief Complaint Age/status	Treatment Rendered Skills performed	ALS Patient Contact	Scene Management	Assessment/Tx	Communication	Leadership	Treatment Skills	COMMENTS
1.			I P					
2.			I P					
3.			I P					
4.			I P					
5.			I P					
6.			I P					
7.			I P					

SUMMARY OF PERFORMANCE

Preceptor must provide a written summary of today's performance

Drills/Demonstrations

PLAN FOR IMPROVEMENT

PRECEPTOR SIGNATURE	CERT. #	PRECEPTOR SIGNATURE	CERT. #
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INTERN SIGNATURE	AGENCY/REP. SIGNATURE
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Patient Information and Chief Complaint Age / status	Treatment Rendered Skills performed	ALS Patient Contact	Scene Management	Assessment/Tx	Communication	Leadership	Treatment Skills	COMMENTS
8.			I					
			P					
9.			I					
			P					
10.			I					
			P					
11.			I					
			P					
12.			I					
			P					
13.			I					
			P					
14.			I					
			P					
15.			I					
			P					
16.			I					
			P					
17.			I					
			P					
18.			I					
			P					
19.			I					
			P					
20.			I					
			P					
21.			I					
			P					