



Rotation Specialty: _____
Preceptor name: _____
Location and Dates of Rotation: _____

| | Not at all satisfied 1 | Dissatisfied 2 | Satisfied 3 | Extremely Satisfied 4 |
|----------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| The rotation overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not at all satisfied 1 | Dissatisfied 2 | Satisfied 3 | Extremely Satisfied 4 |
|---------------------------------|---------------------------|--------------------------|-------------------------------------|--------------------------|
| Your fellow during the rotation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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The University of Colorado School of Medicine

Advanced Practice Practitioner Fellowship

END OF ROTATION PRECEPTOR EVALUATION