



## Clinical Experience Preceptor (CEP) Evaluation Form

**Student:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

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1. The student participated in the client interview process:  

**(Please Circle)      Yes / No**
2. The student participated in the client assessment process:  

**(Please Circle)      Yes / No**
3. The student participated in the client care planning process:  

**(Please Circle)      Yes / No**
4. The student participated problem solving, advocacy, or business planning activities:  

**(Please Circle)      Yes / No**
5. The student participated information and referral of formal and informal client services:  

**(Please Circle)      Yes / No**
6. The student performed in a professional and ethical manner:  

**(Please Circle)      Yes / No**
7. Please provide any additional feedback (optional):

**CEP signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return all paperwork to:  
Kenneth Nanni, Ph.D.  
Division of Continuing Education  
The University of Florida  
2209 NW 13<sup>th</sup> Street, Suite D  
Gainesville, FL 32609  
Fax# 352-392-6950**