**Preceptor Questionnaire**

**PURPOSE:**  To foster the preceptor/preceptee relationship.

**INSTRUCTIONS:** Complete the following questionnaire & review with your preceptee during your initial meeting.

**PRECEPTOR NAME:**   **Unit:­ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Graduated from (Name of school/Program): \_

1. How long have you been a nurse? \_\_\_\_\_\_\_\_\_ A Coach? \_\_\_\_\_\_\_\_\_

2. Where are you from originally?

3. Describe the types of clinical experiences you have encountered.

4. Have you ever worked or volunteered in a health-related field prior to entering nursing? Check as many as applicable from the list below. Indicate the approximate length of time you worked in each role.

a. Nursing assistant

b. Technician

c. Licensed practical nurse

d. Graduate nurse

e. Registered nurse

f. Other health-related field/role (please specify) \_\_\_\_\_\_

5. If you could paint a picture of yourself in words, which words would you use?

6. What do you see as your major strengths?

7. What do you see as your greatest challenge in the role of a coach?

8. What are your two-year goals?

9. What are your five-year goals?

10. Is there anything else you would like your preceptee to know and understand about you?

11. How can your preceptee assist you during orientation?

**Comments:**