Nursing Orientation Weekly Feedback

Date: ____________
Orientee signature: ______________________ Preceptor signature:____________________

The orientee should complete this form, along with the orientation checklist, review it with the preceptor (whose comments should be added below), and then turn it in to the unit leadership each week.

What went well this week?

The most difficult task or moment of the week was:

What do we need to differently next week?

Next week’s main focus will be:

Please put a check by descriptors that apply to the orientee this week. Comment as appropriate.

<table>
<thead>
<tr>
<th>Patient Care/Assessment/Documentation</th>
<th>Basic Knowledge/Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Accurate</td>
<td>____ Knowledgeable</td>
</tr>
<tr>
<td>____ Complete/Comprehensive</td>
<td>____ Open to corrections/suggestions</td>
</tr>
<tr>
<td>____ Prioritizes appropriately</td>
<td>____ Seeks answers</td>
</tr>
<tr>
<td>____ Requires prompts/reminders</td>
<td>____ Recognizes limitations</td>
</tr>
<tr>
<td>____ Seeks out and utilizes resources</td>
<td>____ Utilizes resources</td>
</tr>
<tr>
<td>____ Asks for help when needed</td>
<td>____ Takes responsibility for own learning</td>
</tr>
<tr>
<td>____ Timely</td>
<td></td>
</tr>
</tbody>
</table>

(continued)
Comments:

Overall attitude and behavior of orientee:

__ Confident   ___ Friendly
__ Motivated   ___ Compassionate
__ Flexible    ___ Argumentative
__ Calm        ___ Defensive
__ Inquisitive  ___ Distracted
__ Conscientious ___ Rude
__ Eager/demonstrates initiative ___ Critical
__ Positive    ___ Insecure
__ Frantic     ___ Scared

Comments:

Other:
___ Arrives to work on time
___ Dress and appearance in compliance with dress code
___ Appropriate interaction with patients/families and members of health care team (customer service)

Comments: