



CALIFORNIA PARAMEDIC FIELD INTERNSHIP DAILY PERFORMANCE RECORD



INTERN	DATE	PARAMEDIC PROGRAM	INTERNING AGENCY/STATION
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SHIFT #	TIME IN:	OUT:	#HRS.	PRECEPTOR (1):	PRECEPTOR (2):
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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 : Age / Chief Complaint	Team lead	Treatment Rendered Skills performed <i>(note "FCC" means FULL CONTINUUM OF CARE provided by paramedic intern: scene / initial assessment through hospital turnover)</i>	ALS Patient Contact #	Scene Management	Assessment/TX	Communication	Leadership	Treatment Skills	COMMENTS
			✓FCC						
1.				I					
				P					
2.				I					
				P					
3.				I					
				P					
4.				I					
				P					
5.				I					
				P					
6.				I					
				P					
7.				I					
				P					

OVERALL DAILY PERFORMANCE RATINGS →

Drills / Demonstrations:

Preceptor must provide a written summary of today's performance:

Plan for improvement:

Intern's action for improvement:

PRECEPTOR SIGNATURE	CERT. #	PRECEPTOR SIGNATURE	CERT. #
INTERN SIGNATURE		AGENCY / REP. SIGNATURE	



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			✓FCC							
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						