**Wilco Area Career Center**

**Emergency Medical Services**

**Ambulance Ride Time Program**

**“Appendix F”**

**BLS Student Evaluation**

Students Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Incident#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of the call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Scene Safety and Organization** |
| Did the student properly assess scene safety and take the  |
| appropriate actions to insure safety of themselves and their crew? Y N N/A |
| Did the student receive a verbal report from the patient or bystanders? Y N N/A |
| Did the student interact effectively with the patient or bystanders and  |
| incorporate the appropriate resources on the call? Y N N/A |
| Was the call run in a timely manner that was appropriate  |
| for the patient’s condition? Y N N/A |

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| **Physical Assessment** |
| Did the student gather the appropriate history of present illness,  |
| past medical history, medicines taken daily, and allergies from  |
| the patient or bystanders? Y N N/A |
| Did the student perform a basic and organized physical assessment? Y N N/A |
| Was the assessment appropriate for the patient? Y N N/A |
| Did the student properly assess whether the patient was |
| in a ‘load and go’ situation? Y N N/A |
| Did the student perform vital signs and/or delegate it to the  |
| appropriate resource? Y N N/A |
| Did the student appropriately identify the problems found? Y N N/A |

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| **Treatment / Medical Communications** |
| Did the student appropriately treat the problems found? Y N N/A |
| Was the student familiar with the equipment and able to use  |
| it in a timely manner? Y N N/A |
| Did the student explain treatment options to the patient prior  |
| to initiation (if appropriate)? Y N N/A |
| Did the student give a clear and concise radio report to  |
| the receiving agency? Y N N/A |
| On arrival to the hospital, did the student give a clear and  |
| factual verbal report to the nurse in charge of the patient? Y N N/A |
| Did the student properly document the call on the run sheet? Y N N/A |
| Was the student respectful to all parties involved in the call? Y N N/A |
| Did the student properly evaluate and treat the patient without  |
| prodding from the preceptor? Y N N/A |

***PLEASE EXPLAIN ANY “NO” ANSWERS***

Self Evaluation of the Student (strengths and weakness you felt about your abilities on the call)

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Comments from the preceptor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student ready to run this same call without a preceptor on scene? Y N

Please list any ALS assist skills the student helped with during the call

IV bag setup, heart monitor setup, or intubation setup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_