KELLOGG COMMUNITY COLLEGE

Professional Behavior Evaluation

Student Name: _____ Date of Evaluation: _____

1. Professional Appearance ❑ **Competent** ❑ **Not Yet Competent**
Uniform neat, clean, and appropriate; adheres to grooming standards

2. Attendance & Punctuality ❑ **Competent** ❑ **Not Yet Competent**
Arrives on time; adheres to schedule; notifies appropriately if late/absent

3. Preparedness ❑ **Competent** ❑ **Not Yet Competent**
Brings required equipment/supplies; ready to perform duties

4. Accountability ❑ **Competent** ❑ **Not Yet Competent**
Accepts responsibility for actions; completes assigned tasks

5. Integrity & Ethics ❑ **Competent** ❑ **Not Yet Competent**
Demonstrates honesty; maintains patient confidentiality (HIPAA)

6. Respect for Others ❑ **Competent** ❑ **Not Yet Competent**
Demonstrates courtesy and respect to patients, families, staff, and peers

7. Teamwork & Communication ❑ **Competent** ❑ **Not Yet Competent**
Works collaboratively; communicates effectively and appropriately

8. Attitude & Initiative ❑ **Competent** ❑ **Not Yet Competent**
Demonstrates a positive attitude; seeks learning opportunities

9. Stress Management ❑ **Competent** ❑ **Not Yet Competent**
Maintains composure under pressure; adapts to changing situations

10. Receptiveness to Feedback ❑ **Competent** ❑ **Not Yet Competent**
Accepts constructive criticism; shows effort to improve

11. Safety & Judgment ❑ **Competent** ❑ **Not Yet Competent**
Demonstrates situational awareness; acts in safe and appropriate manner

12.Compassion & Empathy ❑ **Competent** ❑ **Not Yet Competent**
Displays sensitivity to patient needs and concerns

13.Professional Boundaries ❑ **Competent** ❑ **Not Yet Competent**
Maintains appropriate interactions with patients and staff

Evaluator's Summary

Strengths Observed: _____

Areas for Improvement: _____

Action Plan (if needed): _____

Faculty Comments:

_____ _____

Student Signature

Student signature acknowledges review of this evaluation, not necessarily agreement.

Date

_____ _____

Faculty or Preceptor Signature

Date