

The University of Texas at Austin School of Nursing
Documentation of Faculty Clinical Supervision

Faculty Name: _____

Course Name/Number _____

Semester/Year: _____

<p>Student Name: _____</p> <p>Preceptor: _____</p> <p>Site: _____</p>	<p>Date of Contact: _____</p> <p>Preceptor Seen: <input type="checkbox"/></p> <p>Student Observed: <input type="checkbox"/></p> <p>Conference: <input type="checkbox"/></p> <p>Phone: <input type="checkbox"/> E-mail: <input type="checkbox"/></p> <p>Comments:</p>	<p>Date of Contact: _____</p> <p>Preceptor Seen: <input type="checkbox"/></p> <p>Student Observed: <input type="checkbox"/></p> <p>Conference: <input type="checkbox"/></p> <p>Phone: <input type="checkbox"/> E-mail: <input type="checkbox"/></p> <p>Comments:</p>	<p>Date of Contact: _____</p> <p>Preceptor Seen: <input type="checkbox"/></p> <p>Student Observed: <input type="checkbox"/></p> <p>Conference: <input type="checkbox"/></p> <p>Phone: <input type="checkbox"/> E-mail: <input type="checkbox"/></p> <p>Comments:</p>	<p>Date of Contact: _____</p> <p>Preceptor Seen: <input type="checkbox"/></p> <p>Student Observed: <input type="checkbox"/></p> <p>Conference: <input type="checkbox"/></p> <p>Phone: <input type="checkbox"/> E-mail: <input type="checkbox"/></p> <p>Comments:</p>
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