



**National Midwifery Institute**  
***Biannual Student Assessment***

*The following assessment is to be filled out Biannually by Students and their Primary Preceptors to track overall progress and serve as a discussion point for furthering the student-preceptor relationship. All NMI students must fill out this form with their preceptors biannual when they are actively apprenticing.*

*Students, please rate yourself from 1-10 (10 being the highest score) on each of the following fields.*

*Preceptors, please rate your student from 1-10 (10 being the highest score) on each of the following fields.*

**Student Name** \_\_\_\_\_

**Preceptor Name** \_\_\_\_\_

**Submission Date** \_\_\_\_\_

<b>Skill Assessed</b>	<b>Student Rating</b>	<b>Preceptor Rating</b>	<b>Comments (optional)</b>
<b><i>Student's Communication Skills</i></b>			
With Clients	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
With Preceptor	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
With other Practitioners	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
<b><i>Student Takes the Opportunity to...</i></b>			
be included as a part of the caregiving team	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Understand decisions made by preceptor	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
discuss clinical and birth experiences critically and constructively	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
discuss coursework evaluations from NMI Course Work Instructors with preceptor, and consider preceptor's ideas regarding modules most appropriate for student next round of study	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
practice developing skills and accept guidance	(drop down with numbers 1-10)	(drop down with numbers 1-10)	



Skill Assessed	Student Rating	Preceptor Rating	Comments (optional)
Initiate discussion and respond to client's questions	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
learn new skills at a rate appropriate to their integration	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
<b>Overall Student Ratings:</b>			
Communication	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Receptivity	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Reliability	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Flexibility	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Attention to Detail	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Grasp of Basic and Complex Concepts	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Self-Reliance	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
Professionalism	(drop down with numbers 1-10)	(drop down with numbers 1-10)	
<i>Goals for the next 6 months:</i>			

Please select up to three modules for your student's next course of study:

<b>Initial Modules (1)</b>	<input type="checkbox"/> Gender & Sexuality	<input type="checkbox"/> Cultural Competency	<input type="checkbox"/> Anti-Racism in Midwifery
	<input type="checkbox"/> Research Literacy		
<b>Initial Modules (2)</b>	<input type="checkbox"/> Basic Life Science	<input type="checkbox"/> Urinary Tract Infections	<input type="checkbox"/> Embryology & Fetal Development



	<input type="checkbox"/> Nutrition & Digestion		
<b>Initial Modules (3)</b>	<input type="checkbox"/> Pharmacology for Midwives	<input type="checkbox"/> Apnea / Hypoxia / Respiratory Distress	
<b>Initial Modules (4)</b>	<input type="checkbox"/> Normal Pregnancy & Prenatal Care	<input type="checkbox"/> Normal Labor, Birth, and Immediate Postpartum	
<b>Midwifery Sciences</b>	<input type="checkbox"/> Fertility & Conception	<input type="checkbox"/> Holistic & Traditional Health & Healing	<input type="checkbox"/> Labwork & Other Clinical Assessnts
<b>Prenatal Care</b>	<input type="checkbox"/> Physical Assessment of the Adult	<input type="checkbox"/> Prenatal Genetic Screening	<input type="checkbox"/> General Pregnancy & Postpartum Ailments
	<input type="checkbox"/> Fetal/Newborn Circulation	<input type="checkbox"/> Uterine Size & EDD Discrepancies	<input type="checkbox"/> Twins & Multiples
	<input type="checkbox"/> Ectopic Pregnancy	<input type="checkbox"/> Pregnancy Loss: Abortion, Miscarriage, & Stillbirth	<input type="checkbox"/> Gestational Diabetes
	<input type="checkbox"/> Pre-Eclampsia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Preterm Labor
	<input type="checkbox"/> Postdates Management & Postmaturity		
<b>Labor &amp; Birth</b>	<input type="checkbox"/> First Stage of Labor	<input type="checkbox"/> Second Stage of Labor	<input type="checkbox"/> Third Stage of Labor
	<input type="checkbox"/> Breech Birth	<input type="checkbox"/> OP, Brow & Face Presentations	<input type="checkbox"/> Cesarean & VBAC
	<input type="checkbox"/> SROM	<input type="checkbox"/> AROM	<input type="checkbox"/> Fetal Heart Rate Patterns
	<input type="checkbox"/> Meconium	<input type="checkbox"/> Shoulder Dystocia	<input type="checkbox"/> Hemorrhage
	<input type="checkbox"/> Pelvic Health, Birth Lacerations, & Suturing		
<b>Postpartum</b>	<input type="checkbox"/> Placenta	<input type="checkbox"/> Postpartum Care	<input type="checkbox"/> Physical Assessment of the Newborn
	<input type="checkbox"/> Liver & Jaundice	<input type="checkbox"/> Breastfeeding / Chestfeeding	
<b>Social Sciences</b>	<input type="checkbox"/> Grief & Self-Care	<input type="checkbox"/> Physical, Sexual, & Other Abuse	<input type="checkbox"/> Substance Use & Abuse
	<input type="checkbox"/> Perinatal Mental Health		
<b>Other</b>	<input type="checkbox"/> Lifelong Reproductive Healthcare		



**Additional Comments**

**Preceptor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***\*\*\*All form fields are required\*\*\****