MWU Chicago College of Pharmacy
Hospital APPE (PPRAD 1803) Project Evaluation Form

Student Name: __________________________ Date: __________________________
Preceptor Name: __________________________ Site Name: __________________________

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS.
**ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS**

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
<td>Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</td>
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</tbody>
</table>

1. The completed project met intended purpose, criteria of the project. 20
2. The student was familiar with the intended goal of the project. 20
3. The student did the necessary researching of the project. 20
4. The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project. 20
5. The project and supporting materials were of a professional quality. All educational materials were properly referenced. 20

Grading = Total points for all sections (maximum points = 20) Final Score: __________

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments Project dimension when completing the final evaluation online via RMS**

Preceptor signature: __________________________ Date: __________________________