MWU Chicago College of Pharmacy
Clinical Specialty APPE (PPRA 1890) Project/Activity #1- 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><strong>4</strong> = Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td><strong>3</strong> = Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
<td><strong>2</strong> = Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
<td><strong>1</strong> = Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</td>
</tr>
</tbody>
</table>

1. The completed clinical project/activity met intended purpose, criteria of project..  
   4  3  2  1

2. The student was familiar with the intended goal of the clinical project/activity.  
   4  3  2  2

3. The student appropriately researched background materials/information necessary for the clinical project/activity.  
   4  3  2  1

4. The student demonstrated the ability to follow-through with the clinical project/activity from conception to conclusion and used effective time management in completing the clinical project/activity.  
   4  3  2  1

5. The clinical project/activity and supporting materials were of a professional quality. All educational materials were properly referenced.  
   4  3  2  1

Project Description: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Comments: ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

**Transfer the student’s final score to the Final Evaluation Form Section III: Clinical Project/Activity #1 dimension when completing the final evaluation online via RMS

Preceptor signature: __________________________ Date: ________________
MWU Chicago College of Pharmacy
Clinical Specialty APPE (PPRA 1890) Project/Activity #2 - 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**

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</table>

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

Project Description:_____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Comments:________________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Grading = Total points for all sections (maximum points = 20)  Final Score: ____________

**Transfer the student’s final score to the Final Evaluation Form Section III: Clinical Project/Activity #2 dimension when completing the final evaluation online via RMS**

Preceptor signature: _______________________________________________ Date: ______________