MWU Chicago College of Pharmacy
Clinical Specialty APPE (PPRAD 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></th>
<th>4 = Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</th>
<th>3 = Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</th>
<th>2 = Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</th>
<th>1 = Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The completed clinical project/activity met intended purpose, criteria of project..</td>
<td>4 3 2 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student was familiar with the intended goal of the clinical project/activity.</td>
<td>4 3 2 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The student appropriately researched background materials/information necessary for the clinical project/activity.</td>
<td>4 3 2 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>4 3 2 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The clinical project/activity and supporting materials were of a professional quality. All educational materials were properly referenced.</td>
<td>4 3 2 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (PPRAD 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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<tbody>
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</tr>
<tr>
<td>2</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
</tr>
<tr>
<td>1</td>
<td>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.          
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: ____________