MWU Chicago College of Pharmacy APPE Class of 2020
Clinical Specialty (PPRAD 1806) Project #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 Excellent</th>
<th>3 Very Good</th>
<th>2 Satisfactory</th>
<th>1 Unsatisfactory</th>
</tr>
</thead>
<tbody>
<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>
</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: ___________________
M.WU Chicago College of Pharmacy APPE Class of 2020
Clinical Specialty (PPRAD 1806) Project #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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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 #2 dimension when completing the final evaluation online via RMS.**

Preceptor signature: ___________________________________________ Date:____________________