MWU Chicago College of Pharmacy
ELECTIVE APPE (PPRA 1885) Project #1
PROJECT PROPOSAL FORM - TO BE COMPLETED BY THE STUDENT

Project #1:

Student Name: _______________________________ Date: ____________________
Preceptor Name: _______________________________ Site Name: __________________

Directions:
1. Provide a brief description of the project (attach any supporting documents):
2. Review the proposed project with your preceptor and have your preceptor sign at the bottom.

Project name: ________________________________________________________________
Project goal: ________________________________________________________________
Details:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Resources required:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Intended audience: __________________________________________

Expected date of completion: __________________________________________

Preceptor signature: ______________________________________ Date: _____________
MWU Chicago College of Pharmacy
Elective APPE (PPRA 1885) 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></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.</td>
<td>The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals.</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>The student met the intended goal of the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>The student did the necessary researching of the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>The project and supporting materials were of a professional quality. All educational materials were properly referenced.</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>The student accurately answered questions regarding the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Grading = Total points for all sections (maximum points = 24) . Final Score: _________

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments when completing the final evaluation.**

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor signature: _______________________________ Date: ______________________
Project #2:

Student Name: ___________________________________________ Date: __________________________
Preceptor Name: __________________________________________ Site Name: _______________________

Directions:
1. Provide a brief description of the project (attach any supporting documents):
2. Review the proposed project with your preceptor and have your preceptor sign at the bottom.

Project name: __________________________________________
Project goal: __________________________________________
Details:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Resources required:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Intended audience: _______________________________________

Expected date of completion: ______________________________

Preceptor signature: ___________________________ Date: _____________
MWU Chicago College of Pharmacy
Elective APPE (PPRA 1885) 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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
</tr>
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<td>3</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
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<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 project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals. 4 3 2 1
2. The student met the intended goal of the project. 4 3 2 1
3. The student did the necessary researching of the project. 4 3 2 1
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. 4 3 2 1
5. The project and supporting materials were of a professional quality. All educational materials were properly referenced. 4 3 2 1
6. The student accurately answered questions regarding the project. 4 3 2 1

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Grading = Total points for all sections (maximum points = 24) . Final Score: _______

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments when completing the final evaluation.

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor signature: _________________________________  Date: __________________________
MWU Chicago College of Pharmacy  
ELECTIVE APPE (PPRA 1885) Project #3  
PROJECT PROPOSAL FORM- TO BE COMPLETED BY THE STUDENT

Project #3:

Student Name: ______________________________ Date: ______________________
Preceptor Name: ___________________________ Site Name: ______________________

Directions:
1. Provide a brief description of the project (attach any supporting documents):
2. Review the proposed project with your preceptor and have your preceptor sign at the bottom.

Project name: ______________________________

Project goal: ______________________________

Details:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Resources required:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Intended audience: ______________________________

Expected date of completion: ______________________________

Preceptor signature: ______________________________ Date: ________________
MWU Chicago College of Pharmacy  
Elective APPE (PPRA 1885) Project #3 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>
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<th>Score</th>
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<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>
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</table>

1. The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals.  
   4 3 2 1

2. The student met the intended goal of the project.  
   4 3 2 1

3. The student did the necessary researching of the project.  
   4 3 2 1

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.  
   4 3 2 1

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

6. The student accurately answered questions regarding the project.  
   4 3 2 1

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Grading = Total points for all sections (maximum points = 24)  . Final Score: ________

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments.**

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor signature: ___________________________  Date: __________________