MWU Chicago College of Pharmacy
ELECTIVE APPE (PPRAD 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 (PPRAD 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>4 =</th>
<th>3 =</th>
<th>2 =</th>
<th>1 =</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 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 (PPRAD 1885) Project #2
PROJECT PROPOSAL FORM - TO BE COMPLETED BY THE STUDENT

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 (PPRAD 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>Score</th>
<th>Description</th>
</tr>
</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>
<tr>
<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>
</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 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: __________________