MWU Chicago College of Pharmacy APPE 2020
ELECTIVE (PPRAD 1807) 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 APPE 2020
Elective (PPRAD 1807) 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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Excellent</strong></td>
<td><strong>3 Very Good</strong></td>
<td><strong>2 Satisfactory</strong></td>
<td><strong>1 Unsatisfactory</strong></td>
<td></td>
</tr>
<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>
<td></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.  
2. The student met the intended goal of the project.  
3. The student did the necessary researching of the project.  
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.  
5. The project and supporting materials were of a professional quality. All educational materials were properly referenced.  
6. The student accurately answered questions regarding the project.

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.

Preceptor signature: ____________________________ Date: __________________

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.

Preceptor signature: ____________________________ Date: __________________
MWU Chicago College of Pharmacy APPE 2020
ELECTIVE (PPRAD 1807) Project #2
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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Resources required:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Intended audience: ________________________________________________________

Expected date of completion: ______________________________________________

Preceptor signature: ___________________________ Date: ______________________

3
MWU Chicago College of Pharmacy APPE 2020
Elective (PPRAD 1807) 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></th>
<th>4 Excellent</th>
<th>3 Very Good</th>
<th>2 Satisfactory</th>
<th>1 Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 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>
<td>1</td>
</tr>
<tr>
<td>2. The student met the intended goal of the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. The student did the necessary researching of the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>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.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. 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>
<td>1</td>
</tr>
<tr>
<td>6. The student accurately answered questions regarding the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</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.

Preceptor signature: ____________________________ Date: ____________________________