MWU College of Pharmacy Downers Grove
APPE 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:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________

Resources required:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Intended audience: _____________________________________________________________

Expected date of completion: ____________________________________________________

Preceptor signature: _____________________________ Date: ____________________________
MWU College of Pharmacy Downers Grove
APPE 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

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Satisfactory</td>
<td>Unsatisfactory</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>
</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.

Preceptor signature: ____________________________ Date: ____________________________
MWU College of Pharmacy Downers Grove  
APPE ELECTIVE (PPRAD 1807) 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:**
_________________________________________________________________
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**Resources required:**
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**Intended audience:** ________________________________________________

**Expected date of completion:** _______________________________________

Preceptor signature: ___________________________ Date: ______________________
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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**Comments:**

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
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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: ______________________________