MWU Chicago College of Pharmacy
Hospital APPE (PPRA 1887) Project 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>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. The completed project met intended purpose, criteria of project..  
2. The student was familiar with 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.

Grading = Total points for all sections (maximum points = 20)  
Final Score: _______

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments Project dimension when completing the final evaluation online via RMS

Preceptor signature: ___________________________ Date: _______________________

Project Description: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments: _________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________