**MWU College of Pharmacy Downers Grove**  
**APPE Clinical Specialty Project Evaluation Form**

Student Name: ___________________________ Date: _______________________

Preceptor Name: ___________________________ Site Name: _______________________

Please use this 4-point scale to assess the student.  
*Only whole numbers may be used. No fractions or decimals allowed.*

<table>
<thead>
<tr>
<th>4 Very Good</th>
<th>3 Good</th>
<th>2 Needs Improvement</th>
<th>1 Significant Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has performed very well and functions in an independent manner (&gt; 80% of time).</td>
<td>Student has performed above minimum requirements and functions in an independent manner (&gt; 70% of time).</td>
<td>Student has met some minimum requirements and functions in an independent manner (&gt; 50% of time).</td>
<td>Student has not met minimum requirements and cannot function independently.</td>
</tr>
</tbody>
</table>

Please note: A final score of 1 in any item numbered 1-5 will result in failure of the rotation

1. The completed clinical project/activity met intended purpose, criteria of project.  
   4 3 2 1
2. The student was familiar with the intended goal of the clinical project/activity.  
   4 3 2 2
3. The student appropriately researched background materials/information necessary for the clinical project/activity.  
   4 3 2 1
4. The student demonstrated the ability to follow-through with the clinical project/activity from conception to conclusion and used effective time management in completing the clinical project/activity.  
   4 3 2 1
5. The clinical project/activity and supporting materials were of a professional quality. All educational materials were properly referenced.  
   4 3 2 1

Project Description: __________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Comments: ___________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

**Transfer the student’s final score to the Final Evaluation Form Section III: Clinical Project/Activity #1 dimension when completing the final evaluation online via RMS.**

Preceptor signature: _________________________________________________________ Date:_____________________