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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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: __________________________

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>

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: __________________________
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:  ______________________
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.*

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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
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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:__________________________