Midwestern University College of Pharmacy
APPE Mid-Rotation Evaluation – Non-Patient Care (For 1807)

Student Name ___________________________________________ Date __________________________

Preceptor Name ______________________________________________________________________

Site Name __________________________________________________________________________

Directions
The preceptor MUST complete a mid-rotation evaluation for each student by the end of week three.
This form must be presented to the student. Their progress, strengths, and areas for improvement should be discussed.

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<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>
</tr>
</tbody>
</table>

If a score of 1 is chosen, please contact OEE so a Performance Improvement Plan may be initiated.

PROFESSIONALISM & ACCOUNTABILITY
Punctual, ethical, diplomatic, respectful, accountable, self-aware, motivated, engaged

Comments:

KNOWLEDGE & SKILLS
Applies foundational drug and disease state knowledge to patient care

Comments:

ROTATION ASSIGNMENTS
Assignments to date turned in on time, complete, accurate, and of professional quality

Comments:

Evaluate the student’s overall performance to date as either:  

- PASS – at or above minimum competency
- FAIL – below minimum competency

Preceptor signature ___________________________________________ Date __________________________