

**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.**

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

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: _____