

**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.**

<b>4 Very Good</b>	<b>3 Good</b>	<b>2 Needs Improvement</b>	<b>1 Significant Deficit</b>
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: \_\_\_\_\_**