

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.**

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.

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:** _____

MWU College of Pharmacy Downers Grove
APPE ELECTIVE (PPRAD 1807) Project #2
PROJECT PROPOSAL FORM- TO BE COMPLETED BY THE STUDENT

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:** _____

**MWU College of Pharmacy Downers Grove
APPE Elective (PPRAD 1807) Project #2 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.

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:** _____