

**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.

<b>4</b> <b>Very Good</b>	<b>3</b> <b>Good</b>	<b>2</b> <b>Needs Improvement</b>	<b>1</b> <b>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.

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

<b>PROFESSIONALISM &amp; ACCOUNTABILITY</b>				
Punctual, ethical, diplomatic, respectful, accountable, self-aware, motivated, engaged	4	3	2	1
<b>Comments:</b>				

<b>KNOWLEDGE &amp; SKILLS</b>				
Applies foundational drug and disease state knowledge to patient care	4	3	2	1
Demonstrates appropriate problem-solving, critical thinking, and/or clinical reasoning.	4	3	2	1
Retrieves, analyzes, and applies appropriate drug information and/or scientific literature.	4	3	2	1
Communicates effectively through verbal and non-verbal interactions.	4	3	2	1
Communicates effectively through written documentation	4	3	2	1
<b>Comments:</b>				

<b>ROTATION ASSIGNMENTS</b>				
Assignments to date turned in on time, complete, accurate, and of professional quality	4	3	2	1
<b>Comments:</b>				

Evaluate the student's overall performance to date as either: ■ PASS – at or above minimum competency ■ FAIL – below minimum competency

Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_