

**MWU College of Pharmacy Downers Grove COMMUNITY ROTATION APPE
HEALTH PROMOTION PROJECT PROPOSAL – TO BE COMPLETED BY THE STUDENT**

Student: _____	Date: _____
Preceptor: _____	Site: _____

The student is to design and implement a project to promote public health and wellness in the community setting. The student will complete the project proposal, review the proposal with the preceptor and get the preceptor's signature approving the project.

Project Proposal:

Topic: _____

Intended audience: _____

Method of project delivery:

- Written health education materials:
 - News letter
 - Pamphlet
- Presentation
- Brown bag
- Other (describe) _____

Intended date of project presentation: _____

Resources/materials required:

Method of promotion:

Date to have project materials ready for review by preceptor: _____

Preceptor approval of project proposal:

Preceptor signature _____ **Date:** _____

**MWU College of Pharmacy Downers Grove COMMUNITY ROTATION APPE
Health Promotion Project Evaluation:- TO BE COMPLETED BY THE PRECEPTOR**

Student: _____	Date of Evaluation: _____
Preceptor: _____	Site: _____

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 project was appropriate for & well-received by the intended audience.	4	3	2	1
2. The student appropriately met the intended goal of the project.	4	3	2	1
3. The project and supporting materials were of a professional quality.	4	3	2	1

Grading = Total points for all sections (maximum points = 12)

Final Score: _____

****Transfer the student's final score to the Final Evaluation Form Section III: Rotation Specific Assignments Health Promotion Project dimension when completing the final evaluation online via RMS.**

Comments:

Preceptor signature _____ **Date:** _____