

# PHARM 529 Final Evaluation Form

UW School of Pharmacy  
Office of Professional Programs  
Mailbox 354699  
ATTN: Teresa O'Sullivan  
Seattle, WA 98105-4699  
FAX: 206.685.9297

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Name \_\_\_\_\_ e-mail \_\_\_\_\_

Site Name \_\_\_\_\_

Write here or attach to this evaluation:

learning goal:

learning objectives:

## Grade Definitions:

- 4+ = Performs significantly above the expectations of a student at this level. (Honors grade indicated.)
- 4 = Performs within and sometimes beyond the expectations of a student at this level
- 3 = Performs within the expectations of a student at this level in most areas. Some areas are still in need of growth.
- 2 = Performs within the expectations of a student at this level in only some areas. Several areas are still in need of significant growth.
- 1 = Student has too many areas needing development; a passing grade cannot be given.

Please evaluate (circle the most appropriate grade for each element):	Grade:
<b>1. Learning.</b> How well did the student meet his or her learning goal and learning objectives during this learning experience? <i>Comment:</i>	4+ 4 3 2 1
<b>2. Written communication skills.</b> <i>Comment:</i>  Verbal skills. <i>Comment:</i>	4+ 4 3 2 1

<p><b>3. Knowledge base.</b> Was the student's knowledge base adequate to allow him or her to acquire or hone skills? What specific areas need improvement? <i>Comment:</i></p>	<p><b>4+</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b></p>
<p><b>4. Problem-solving and decision-making.</b> Was the student able to make decisions in a timely manner? Was the student able to justify with logic his or her decisions? <i>Comment:</i></p>	<p><b>4+</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b></p>
<p><b>5. Professional conduct.</b> Consider punctuality, attitude, ability to treat patients and colleagues with respect and compassion, acceptance of constructive criticism, ethics, time management, and ability to take responsibility for project and/or patient outcomes. <i>Comment:</i></p>	<p><b>4+</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b></p>

**How many hours did this student spend on this learning experience?** \_\_\_\_\_

Have student attach any written evidence of learning to this evaluation form. Written evidence of learning can include, but is not limited to,

- two patient care notes (if experience involved patient care; note that absolutely no patient identification information can be on these notes; patient identification information includes patient or caregiver names, initials, medical numbers, location of residence, and any dates )
- handouts from presented seminars
- written papers, brochures, or any other form of drug information created by the student
- policies and procedures written by the student

**Preceptor signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PHARM 529 Preceptor/Site Evaluation Form

You must turn in this evaluation to the Experiential Education Director to receive a grade. We urge you to share this with your preceptor on the last day of rotation, but it is not a requirement of the course that you do so.

Date: \_\_\_\_\_

Site: \_\_\_\_\_

Preceptor name(s): \_\_\_\_\_

Student name: \_\_\_\_\_

### Your overall impression of the preceptor:

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Needs improvement (*please comment*)

### Your overall impression of the site:

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Needs improvement (*please comment*)

In one paragraph, please summarize your impression of your experience with this site and preceptor. Include comments about things that were done particularly well and any things you think could be improved (include suggestions for *how* they could be improved).

---

---

---

---

---

---

What are the three most important things you learned during this experience?

1. \_\_\_\_\_

---

2. \_\_\_\_\_

---

3. \_\_\_\_\_

---

What is one thing you would have done differently if you had the opportunity?

---

---

---

---