

University of Washington School of Pharmacy Practicum Program

Pharm 527 Experience Evaluation Form

Students: You must fill out this form for each site at which you completed a competency.

Student Name (*please print*): _____ Date: _____

Tape preceptor's card or site card here:

Please list all preceptors with whom you have spent 20% or more of your total preceptor time (i.e. the time you spent directly interacting with a preceptor, not the total time you spent at the site).

Preceptors (please print names): _____

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*).

