

THE UNIVERSITY OF KANSAS SCHOOL OF PHARMACY EVALUATION OF STUDENT BY ON-SITE PRECEPTOR

Before the student will be assigned a grade the Preceptor must FAX this completed form to:
913-393-9848

Name of Student:	Name of Preceptor:	Clerkship Site:	Clerkship Dates:

Please use the following scale to indicate how you would evaluate the student in the following areas:

1	2	3	4	5	6	7	8	9	10
Poor		Below Average		Average			Good		Excellent

Assessment Score		Assessment Categories
	Weight factor	
	X 2	Basic pharmaceutical knowledge
	X 2	Basic therapeutic knowledge
	X 2	Ability to communicate with patients
	X 2	Ability to communicate with health professionals
	X 2	Accuracy of medication histories and patient counseling information
	X 2	Ability to identify drug-related problems
	X 2	Willingness to take action to correct drug-related problems
	X 2	Ability to recommend appropriate therapeutic plans
	X 2	Ability to determine practical solutions to problems
	X 2	Retrieval of appropriate drug information
	X 0.5	Maintains confidentiality
	X 0.5	Ability to use time effectively
	X 0.5	Level of confidence
	X 0.5	Level of self-direction when undertaking responsibilities (i.e. motivation)
	X 0.5	Written communication skills
	X 0.5	Willingness to take responsibility for decisions
	X 0.5	Development of sound, structured judgement
	X 0.5	Level of professionalism (appearance, timeliness, manners)
	X 0.5	Maintains ethical standards
	X 0.5	Respect of assigned deadlines
Circle one →	Yes No	Was the student presentation acceptable

ADDITIONAL COMMENTS:

_____ / _____
Preceptor Signature / Date