

## Preceptor Evaluation Form

Preceptor \_\_\_\_\_ Student \_\_\_\_\_

Each of the statements below describes essential characteristics to sustain a learning experience and facilitate the growth of a professional student through opportunity, interaction, and assessment. Indicate the rating of your primary preceptor(s) according to the listed scale for items 1 through 10 and indicate yes or no to items 11 through 13.

- 4 Extremely well done, always performed well
- 3 Well done, frequently performed well
- 2 Fairly well done, sometimes performed well
- 1 Not done, never performed well
- 0 Unable to rate on this item

### THE PRECEPTOR:

1. Maintained pharmacy practice or learning environment sufficient to facilitate my learning and my growth as a professional.
2. Sustained responsibilities at the rotation site including provision of care to patients and/or services to others within a health care system.
3. Assigned specific responsibilities designed to facilitate my learning.
4. Provided consistent and appropriate supervision of my activities and actions.
5. Was able to provide meaningful assessment of my abilities and performance.
6. Displayed enthusiasm for teaching.
7. Provided feedback and asked questions that stimulated my thinking and memory.
8. Increased his/her expectations for my ability to perform to higher levels throughout the rotation.
9. Provided frequent and appropriate verbal feedback on my performance.
10. Provided a challenging experience that stimulated my growth as a professional.
11. Reviewed my mid-point performance verbally and in writing by the 17<sup>th</sup> of the month.  
Yes No
12. Performed a final evaluation verbally and in writing at the end of the rotation.  
Yes No
13. Provided a copy of my final evaluation for my portfolio.  
Yes No

**Additional comments (necessary for high and low evaluation scores):**