



*DRAKE UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
EXPERIENTIAL PHARMACY EDUCATION PROGRAM*

Mid-Rotation Assessment

Student Name: _____

Preceptor Name: _____

Site: _____

Student:

On a scale of 1 to 5, 5 being a totally competent pharmacist, indicate below the overall rating you think you would receive if your final assessment were completed today.

Rating: _____

In what areas are you doing well or exceeding expectations?

In what competency areas do you think you need to improve before the rotation ends?

Preceptor:

On a scale of 1 to 5, 5 being a competent pharmacist, indicate below the overall rating you would assign the current student if you had to turn in a final assessment today.

Rating _____

In what areas is the student doing well or exceeding expectations?

In what areas is the student not doing well or falling below expectations and needs to improve ?

Please outline a plan for making improvements in performance and sign below.

Student Signature _____ Date _____

Preceptor Signature _____ Date _____