



**Preceptor Evaluation Form**  
**The University of Findlay College of Pharmacy**



Rotation Site \_\_\_\_\_

Rotation Preceptor \_\_\_\_\_ Rotation type \_\_\_\_\_

Name/Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

*Please read each of the statements carefully, and then indicate your level of agreement or disagreement:*

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not Applicable</b>
<b>Orientation to the rotation - Preceptor/Mentor/Instructor:</b>						
Communicated clearly goals and objectives of the rotation	5	4	3	2	1	N/A
Reviewed the college expectations with me (e.g. longitudinal outcomes, portfolio, patient communication evaluation form)	5	4	3	2	1	N/A
Introduced me to the other personnel, provided directions for faculties at the site, and contact information	5	4	3	2	1	N/A
Assessed my abilities, needs, and career goals	5	4	3	2	1	N/A
Gave me specific assignments	5	4	3	2	1	N/A
Provided a monthly calendar for specific tasks (i.e., scheduled meetings and presentations)						
Emphasized to me performance standards (i.e., my daily responsibilities, reporting medication-related problems, patient history, physical assessment, therapeutic regimen modification, journal club)	5	4	3	2	1	N/A
<b>Completion of the rotation objectives:</b>						
The site provided sufficient opportunity for me to meet all the <u>general</u> objectives	5	4	3	2	1	N/A
The site provided sufficient opportunity for me to meet all of the <u>site-specific</u> objectives	5	4	3	2	1	N/A
The site provided an opportunity to collaborate with other professionals	5	4	3	2	1	N/A

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not Applicable
Resources were adequate to complete the rotation objectives	5	4	3	2	1	N/A
Resources were readily available to complete the rotation objectives	5	4	3	2	1	N/A
My preceptor or mentor was sufficiently accessible to facilitate attainment	5	4	3	2	1	N/A
My preceptor or mentor spent sufficient time with me to guide me (please specify contact hrs/wk ___hrs/wk)	5	4	3	2	1	N/A
Stimulated problem solving through interaction	5	4	3	2	1	N/A
Had an organized approach to precepting	5	4	3	2	1	N/A
Treated me with respect	5	4	3	2	1	N/A
Promoted an environment conducive for independent learning	5	4	3	2	1	N/A
<b>Providing feedback – Preceptor/Mentor/Instructor:</b>						
Provided me with feedback on my performance frequently and in a timely manner	5	4	3	2	1	N/A
Acknowledged my strengths and worked with me to fortify my areas of weakness	5	4	3	2	1	N/A
Rated my performance based on interactions and feedback from other professionals	5	4	3	2	1	N/A
Gave me remarks that were concise	5	4	3	2	1	N/A
Focused on my performance and not only my intentions	5	4	3	2	1	N/A

*In the space provided, please identify the primary strengths and suggestions for enhancement of the rotation site and the instructor*

**Site Strengths and Suggestions for Enhancement:**

**Preceptor Strengths and Suggestions for Enhancement:**