The University of Findlay
College of Pharmacy

Preceptor Evaluation of Student

(This is required to be completed online using RxPreceptor)

Student Name:_____

Please check which experience student completed:

- ☐ **P3 Experience (First Professional Year)**
- ☐ **P4 Experience (Second Professional Year)**
- ☐ **P5 Experience (Third Professional Year)**

Comments by Preceptor on <u>first 50 hours</u> completed (Preceptor MUST comment for full student credit)

- What did the student do well?

- What areas could the student improve upon?

Preceptor Signature _____ **Date** _____

Preceptor Name _____

Site Name _____