



ROTATION EVALUATION

Community Pharmacy Residency

COMPLETED BY RESIDENT

Rotation Site		Time Period	
Preceptor		Resident	
Briefly describe the rotation activities:			
What learning objectives were met?			
What were the most valuable experiences of the rotation?			
Indicate the least valuable experience of the rotation or the areas you felt were deficient:			
In what areas would you like to spend more time?			

Please rate the ROTATION in the following areas:
(1= Poor, 5 = Excellent)

Area	1	2	3	4	5	Comments
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information gained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please rate the PRECEPTOR in the following areas:
(1= Poor, 5 = Excellent)

Area	1	2	3	4	5	Comments
Provides feedback when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provides constructive criticism when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens and acts appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledgeable about topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficiently available to provide direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall rating:

1 2 3 4 5

Comments