APPENDIX C: PRECEPTOR AND LEARNING EXPERIENCE EVALUATION FORM

PRECEPTOR AND LEARNING EXPERIENCE EVALUATION

Resident:	Preceptor:
Learning Experience:	
Evaluation Period:	through

<u>Please check one of the following for each category.</u>

1 - ALWAYS   2 - FREQUENTLY   3 - SOMETIMES   4 - NEVER

Part 1 - Evaluation of the Preceptor	1	2	3	4
1.	The preceptor was a pharmacy practice role model.				
2.	The preceptor gave me feedback on a regular basis.				
3.	The preceptor's feedback helped me improve my performance.				
4.	The preceptor was available when I needed him or her.				
5.	When possible, the preceptor arranged the necessary learning opportunities to meet my objectives.				
6.	The preceptor displayed enthusiasm for teaching.				
7.	The preceptor gave clear explanations.				
8.	The preceptor asked questions that caused me to do my own thinking.				
9.	The preceptor answered my questions clearly.				
10.	The preceptor modeled for me, coached my performance, or facilitated my independent work as appropriate.				
11.	The preceptor displayed interest in me as a resident.				
12.	The preceptor displayed dedication to teaching.				
Comments:				

Please check one of the following for each category.

1 - CONSISTENTLY TRUE   2 - PARTIALLY TRUE   3 - FALSE

Part II: Evaluation of the Learning Experience	1	2	3
1. I understood the objectives for this learning experience prior to beginning.			
2. The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.			
3. Resources I needed were available to me.			
4. I feel that the preceptor's assessment of my performance on the objectives was fair.			
5. I was encouraged to further develop my ability to self-assess during this learning experience.			
6. This learning experience provided me opportunities to provide pharmaceutical care in a responsible way to my patients.			

What were the strengths of this learning experience?

What were the weaknesses of this learning experience?

What suggestions can you make to improve this learning experience?

Resident's Signature/Date

Preceptor's Signature/Date

Forward completed evaluation to Residency Program Coordinator