

**UNIVERSITY OF KENTUCKY COLLEGE OF PHARMACY
PHR 988 - ADVANCED PHARMACY PRACTICE EXPERIENCE
MID-ROTATION EVALUATION**

Student Name: _____ Rotation Name: _____

Preceptor: _____ Month/Year: _____

Rotation Specific Learning Goals and Objectives (Check one item below)

- _____ Student is making satisfactory progress toward completing goals and objectives for the rotation experience
- _____ Student is making progress toward completing goals and objectives but still has some areas where growth and experience are needed (please specify):

- _____ Student is making some progress toward completing goals and objectives but still has several areas where significant growth and experience are needed (please specify):

- _____ Student progress is unsatisfactory – please contact the Experiential Education Program (859-323-3633)

General Ability-Based Professional Skills (Thinking, Communication, Ethics, Social Awareness and Responsibility, Social Interaction, Self Learning) (Check one item below)

- _____ Performs within and sometimes beyond the expectation of a student at this level
- _____ Performs within the expectation of a student at this level in most areas. Some areas are still in need of growth (please specify):

- _____ Performs within the expectation of a student at this level only in some areas. Several areas are in need of significant growth (please specify):

List two strengths for this student.

List two suggestions for improvement.

Preceptor Signature: _____

Date: _____

Student Signature: _____

Date: _____