



**UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY  
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES**

Student Name: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Rotation Type: **COMMUNITY (PRCT 375)**

Rotation Week #:  1  2

**Instructions:** Taking into consideration all activities performed, use the scale below to rate the overall performance of the student.

<b>Professional Education Abilities</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Unsatisfactory</b>
1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations			
1c. Apply knowledge of medical terminology and abbreviations			
4b. Appropriately manage safe, accurate and time-sensitive medication distribution			
4f. Practice in accordance with state and federal regulations and statutes			
5a. Employ communication styles and techniques appropriate to the audience.			
5b. Work effectively within a multidisciplinary/interdisciplinary environment			
7a. Display empathy in patient interactions			
<b>Personal Qualities of the Student</b>			
The student displays a positive attitude toward the practice of pharmacy.			
The student exhibits good judgment and ability to cope with a variety of situations.			
The student shows initiative.			
The student demonstrates good punctuality and attendance.			

**FINAL EVALUATION:**

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

Student Name: \_\_\_\_\_ Preceptor: \_\_\_\_\_

**Preceptor Comments (attach additional pages if necessary):**

**Student Response to Evaluation (attach additional pages if necessary)**

**FINAL EVALUATION:**

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date