



Marshall University School of Pharmacy
Preceptor Evaluation Form

Dates of Rotation: _____ to _____

Rotation Site: _____

Rotation Preceptor: _____

IPPE/APPE course number: _____

Name of Student: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Preceptor						
The preceptor provided an orientation to the site, rotation, and						

learning activities.						
The preceptor was well prepared and organized.						
The preceptor was available for discussion and consultation.						
The preceptor treated me with respect.						
The preceptor provided feedback to me in a timely manner						
The preceptor showed interest in my progress.						
The preceptor provided feedback on both strengths and weakness of the student.						
The preceptor served as a role model for the pharmacy student.						
Rotation activities were well organized and structured.						
Site						
References/resources were adequate for the rotation.						
The site was receptive to having a pharmacy student.						

The site provided adequate experiences for the student.						
The site provided adequate space for the student.						

Comments: