

UIC College of Pharmacy
INDIRECT PATIENT CARE
ELECTIVE CLERKSHIP
FINAL EVALUATION
2011 - 2012

Student: _____

Course Name: _____

Address: _____

Module: _____

Practice Site: _____

Preceptor Name: _____

Did the student meet the minimal course requirements?

How did the student accept your instruction?

What is your overall evaluation of this student?

Any additional comments:

Letter grade: _____

Total days off: _____

Student signature: _____ Date: _____

Preceptor signature: _____ Date: _____