

## PRECEPTOR EVALUATION OF INTERN

NAME OF INTERN: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

NAME OF PRECEPTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

NAME OF PHARMACY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS OF PHARMACY: \_\_\_\_\_

**Please print or type all information**

This evaluation is to be completed annually or when intern leaves your preceptorship. ALL sections should be completed in full.

You should evaluate the intern according to the criteria listed below. All information submitted will be kept confidential.

**Evaluate Intern's:**

	Exceptional	Average	Needs Improvement
Ambition			
Appearance / Grooming			
Communication with preceptor			
Communication with Co-Workers			
General Personality			
Punctuality / Dependability			
Education Preparation			
Drug product knowledge			
Regard for ethics			
Organization of time			
Tolerance toward instruction / criticism			
Dedication			
Desire to plan			
Acceptance of responsibility			
Ability			

**Personal Evaluation:**

1. Do you feel the intern has benefited from this experience? \_\_\_\_\_
2. Are there any areas in which you feel this intern is deficient? \_\_\_\_\_ If yes where? \_\_\_\_\_
3. Are there any areas witch you feel this intern has excelled? \_\_\_\_\_ If yes where? \_\_\_\_\_
4. Please comment on your estimation of this intern's potential as a pharmacist ? \_\_\_\_\_

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This is to certify that I supervised / instructed the above named Intern  
from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_, and that all statements made are true and correct.

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

\_\_\_\_\_  
Date