

## PHARMACY UNDERGRADUATE EVALUATION FORM

It is mandatory to fill in the information with (\*) mark of trainee accurately.

* PERSONAL INFORMATION			
NAME	(First)		DATE STARTED
	(Middle)		DATE COMPLETED
	(Last)		NATIONAL ID/IQAMA NO.
TRAINING SITE			DEPARTMENT
UNIVERSITY			TRAINING <input type="checkbox"/> Student <input type="checkbox"/> Intern

Please strike out evaluation items that are not applicable.

	Excellent (5 marks)	Above Average (4 marks)	Average (3 marks)	B. Average (2 marks)	Poor (1 mark)
<b>A. PERFORMANCE EVALUATION</b>					
1. Knowledge of pharmacology, pharmacokinetics.					
2. Knowledge of therapeutics.					
3. Patient care organization and management.					
4. Monitoring parameters for efficacy.					
5. Adjustment of pharmacotherapeutic plan.					
6. Identification of actual and potential drug-related problems.					
7. Identification of viable therapeutic alternatives for identified DRP.					
8. Demonstrated appropriate technique/methods as instructed.					
9. Reliability in executing responsibilities and within timeframes.					
10. Quality of chart documentations.					
<b>B. PERSONAL EVALUATION</b>					
1. Punctuality.					
2. Conduct.					
3. Ethics.					
4. Professional appearance.					
5. Willingness to work as a team member.					
6. Self Confidence.					
7. Acceptance of criticism and feedback.					
8. Acceptance of responsibility.					
9. Rapport with patients					
10. Relationships with faculty and staff.					
<b>Narrative comments if required.</b>			<b>TOTAL</b>	<b>/ 100</b>	
<b>EVALUATOR INFORMATION AND SIGNATURE</b>				<b>TRAINING SITE ATA STAMP</b>	
EVALUATOR NAME					
POST & DEPARTMENT					
SIGNATURE		DATE			

Evaluation forms should be signed by department training officer. It should not be handed to trainee, kindly forward completed evaluation form to training site academic undergraduate training coordinator by email who will add ATA stamp and send to university training

