Teaching Certificate Program Progress Report

(Reviewed/revised 05/23/22)

UNIVERSITY *of* MARYLAND
SCHOOL OF PHARMACY

Trainee Name:
Faculty Mentor Name:
Date:

PLEASE NOTE: The Fall semester TCP progress report must be completed by December 15. The Spring Semester progress report must be completed by June 30. Please use the same form for both semesters.

To be completed by Trainee:

1. Please list teaching activities completed during the Fall semester:

2. Please list teaching activities completed during the Spring semester:

3. Progress on Required Teaching Activities (All activities must be completed by June 25th)	Title of Teaching Activity	Date Completed OR Anticipated Date of Completion.
Pharmacotherapy Rounds		
Lecture		
Case discussion		
Precepting student pharmacists		

4. Teaching strengths and opportunities for improvement identified during the Fall/Spring Semester:

5. Teaching portfolio (The Portfolio may be electronic (e.g., cloud storage, DropBox, Google Drive, flash drive) and submitted to the faculty mentor by June 25).

Please provide teaching portfolio hyperlink:

- **Up to date and contains all required information**:
  - o Demographic information (Name, title, degrees, contact information)
  - o Teaching philosophy statement

Faculty mentor, please send a copy to the Trainee, Program Director, Mr. Daniel Costa and keep a copy for yourself.

- List of teaching activities
- Written teaching evaluations from faculty or mentor.
- Summary of Level 1 student feedback (what learner thought and felt about the training) with written reflection.
- Copies of all teaching materials created by the trainee including instructor's guide, handouts, etc.
- Faculty and self-evaluations of the four TCP Required Elements above
- Faculty and self-evaluations from other teaching activities completed throughout the year, if applicable (e.g., if the trainee was evaluated on facilitating faculty-developed teaching).
- Description of self-development activities (e.g., teaching improvement seminars)
- Copies of educational scholarship (e.g., publications, presentations, posters)

To be completed by Faculty Mentor:

1. **Evaluation of instructional design project**

Title of project:

Date completed:

Project evaluation score:

2. **Review and provide formative feedback on teaching philosophy statement.**

Date completed:

3. **Review and provide formative feedback on teaching portfolio.**

Date completed:

4. **Opportunities for improvement in teaching identified during the Fall/Spring Semester:**

5. **Trainee has successfully completed all TCP requirements.** ☐ YES ☐ NO

Additional comments:

Faculty mentor signature:	**Date:**
Trainee signature:	**Date:**

Faculty mentor, please send a copy to the Trainee, Program Director, Mr. Daniel Costa and keep a copy for yourself.