# Teaching Certificate Program Progress Report

(Reviewed/revised 05/23/22)

UNIVERSITY *of* MARYLAND
SCHOOL OF PHARMACY

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|---|
| **Trainee Name:** Click or tap here to enter text. |
| **Faculty Mentor Name:** Click or tap here to enter text. |
| **Date:** Click or tap to enter a date. |

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

**To be completed by Trainee:**

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

Click or tap here to enter text.

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

Click or tap here to enter text.

| **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** | Click or tap here to enter text. | Click or tap to enter a date. |
| **Lecture** | Click or tap here to enter text. | Click or tap to enter a date. |
| **Case discussion** | Click or tap here to enter text. | Click or tap to enter a date. |
| **Precepting student pharmacists** | Click or tap here to enter text. | Click or tap to enter a date. |

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

Click or tap here to enter text.

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

**Please provide teaching portfolio hyperlink:** Click or tap here to enter text.

- **Up to date and contains all required information**:
  - Demographic information (Name, title, degrees, contact information)
  - 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:** Click or tap here to enter text.

**Date completed**: Click or tap to enter a date.

**Project evaluation score**: Click or tap here to enter text.

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

**Date completed**: Click or tap to enter a date.

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

**Date completed**: Click or tap to enter a date.

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

Click or tap here to enter text.

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

**Additional comments:** Click or tap here to enter text.

| **Faculty mentor signature:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |
| --- | --- |
| **Trainee signature:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |

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