

Teaching Certificate Program

Evaluation of Trainee by Student (To be completed by pharmacy student being precepted)



Trainee Name:	
Date of Teaching:	
Student Evaluator:	
Date of Evaluation:	

Indicate level of agreement with each statement:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt "safe" with my preceptor when I was learning something new or asked for assistance if I wasn't sure about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor is confident and proficient in their preceptor role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor is a good role model and teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor understood my learning goals and used them when teaching new skills with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor helped me to achieve my learning goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor role modeled setting priorities for care of a patient and adjusted them if a patient's situation changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor is a good "coach" – not always giving me the answer but asking questions or encouraging me to think it through myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preceptor provided regular feedback to me on my performance, in a caring and respectful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The most important thing my preceptor did to enhance my learning was...	
If there was one suggestion I could make for my preceptor to enhance their effectiveness it would be...	

Additional comments from student:

Please return completed form to Daniel Costa; Email: dcosta@rx.umaryland.edu