Appalachian College of Pharmacy

Student:
Preceptor:
Site:

Date: ()

**APPE Midpoint Evaluation (2015-2016)**

<table>
<thead>
<tr>
<th>Evaluation of the Student</th>
<th>Section Weight: 0.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the student performed professionally at all times? If not, please explain below.</td>
<td>NO SCORE SELECTED</td>
</tr>
</tbody>
</table>

**Question Comments:**

Does the student have an appropriate knowledge of drug products and disease states? If not, please explain below.

**Question Comments:**

Has the student been physically present at the rotation site a minimum of 40 hours per week?

**Question Comments:**

If the student continues to perform at the current level, will he/she pass this rotation?

**Please list any other problems or concerns that you may have with the student not addressed above.**

**Section Comments:**

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