



EASTERN MEDITERRANEAN UNIVERSITY FACULTY OF PHARMACY

PRECEPTOR/PRACTICE SITE EVALUATION FORM

Preceptor name-surname: _____

Traineeship place: _____

Traineeship period: _____

Please, answer the questions below using the rating scale that follows:

Question	(A) Strongly Disagree	(B) Disagree	(C) Neutral	(D) Agree	(E) Strongly Agree
1. The preceptor was able to support the students in meeting the objectives identified by the student/faculty for the assignments and/or experiences.					
2. The preceptor assisted with selecting assignments and/or experiences which enhanced student learning.					
3. The preceptor had willingness to precept and teach students.					
4. The preceptor was a positive role model for professionalism.					
5. The preceptor communicated as needed with the students.					
6. The preceptor had ability to work cooperatively with the students.					
7. The preceptor had a good knowledge of the clinical and patient/client needs.					
8. The preceptor evaluated my knowledge, skills, and understanding by seeking feedback and participation.					

9. The practice site provided opportunities to meet educational and program objectives.					
10. The practice site provided physical space to accommodate student learning.					
11. Overall quality of the preceptor's performance.	(A) Low	(B) Adequate	(C) High		

Please, provide additional comments about the preceptor and/or the traineeship place:

