

EVALUATION SHEET

for the practice before the final examination

Name of the student:

Name of the instructing pharmacist:

Name of the pharmacy:

Address of the pharmacy:

Accreditation number of the pharmacy:

Date of the practice:

The instructing pharmacist's summarized opinion:

a) the student's general human and ethical conduct:

b) the student's attitude to work, to the patients and to the rules of the pharmacy,
his/her diligence and accuracy:

c) professional and other remarks concerning the student's practice:

Knowledge in pharmacodynamics:

Clinical knowledge:

Knowledge in pharmaceutical management:

Knowledge in pharmaceutical technology:

The instructing pharmacist' suggestions:

d) general opinion about the student's work:

e) The student

prepared

prepared only partly

did not prepare

the dosage forms listed in the description of the topics (underline where applicable)

Evaluation:

**highly met
requirements**

**met
requirements**

**did not meet
requirements**

Date:

.....
signature of the student

.....
signature of the instructing pharmacist

stamp of the pharmacy