

EVALUATION

Name of the student:

Name of the pharmacist:

Name of the pharmacy:

Address of the pharmacy:

Period of practice:

OPINION OF THE INSTRUCTING PHARMACIST:

a) general behaviour of the student:

b) the student's attitude to his/her work, to patients, to the order of the pharmacy, diligence, punctuality, neatness

c) comments on the work of the student:

Knowledge of Pharmacology:

Knowledge of Clinical Studies:

Knowledge of Pharmacy Administration:

Knowledge of Pharmaceutical Technology:

Suggestions of the instructing pharmacist:

d) general evaluation of the work of the student

Evaluation: highly met requirements met requirements did not meet requirements

Date:

.....
signature of the student

.....
stamp and signature of the pharmacist