

## EVALUATION SHEET

for the compulsory summer pharmacy practice

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 (from - to):.....

### 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:

Evaluation:

**highly met  
requirements**

**met  
requirements**

**did not meet  
requirements**

d) Evaluation of the written essays:

**highly met  
requirements**

**met  
requirements**

**did not meet  
requirements**

**highly met  
requirements**

**met  
requirements**

**did not meet  
requirements**

The instructing pharmacist's opinion:

Date: .....

.....  
signature of the student

.....  
signature of the instructing pharmacist

stamp of the pharmacy