

College of Pharmacy
OBSERVATION REPORT

This form is used by faculty, instructors, preceptors, and staff to document outstanding and deficient or concerning abilities, attitudes and behaviors of students. After completing the form and reviewing it with the student, forward the form to the Associate Dean for Academic Affairs at darbishi@purdue.edu.

Student: _____ Date of Observation: _____

Student Classification/Level (e.g. PP1, P2): _____ Course Name/#: _____

Place/type of occurrence:

____ Lecture/Classroom

____ Extra-Curricular Activity

____ Laboratory/Recitation

____ Individual Encounter

____ Experiential (IPPE or APPE)

____ Other: _____

Author's detailed description of observation below with documentation attached as available:

Student's response with any documentation:

Action taken (if any):

Notification only; no further action needed

Needs further discussion with Dean's Office

Author's printed name: _____

Author's signature: _____ Date: _____

Student's signature: _____ Date: _____

(Does not necessitate agreement but indicates awareness and the opportunity to present my viewpoint.)