



College of Pharmacy
ACTIVITY OBSERVATION REPORT

This form documents outstanding and deficient abilities, attitudes and behaviors. After completing the form and reviewing it with the student if applicable, 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
Laboratory/Recitation
Experiential (IPPE or APPE)
Extra-Curricular Activity
Individual Encounter
Other: _____

Detailed description of observation:

Student response (if any):

Action taken (if any):

Author signature: _____ Date: _____

Student signature: _____ Date: _____