



College of Pharmacy
PROFESSIONAL ACTIVITY OBSERVATION REPORT

This form documents outstanding and deficient professional abilities and behaviors. After completing the form and reviewing it with the student if applicable, forward the form to the Associate Dean for Academic Affairs for P1-P4 students and the Experiential Learning Office for P-4 students.

Student: _____ Date of Observation: _____

Classification: P-1 P-2 P-3 P-4 Course Name/#: _____

- Place/type of occurrence:
___ Lecture/Classroom
___ Laboratory/Recitation
___ Introductory Pharmacy Practice Experience
___ Advanced Pharmacy Practice Experience
___ Extra-Curricular Activity
___ Individual Encounter
___ Other: _____

Detailed description of observation:

Student response (if any):

Action taken (if any):

Author signature: _____ Date: _____

Student signature: _____ Date: _____