



# EXTERNSHIP BI-WEEKLY EVALUATION PHARMACY TECHNICIAN

STUDENT NAME: \_\_\_\_\_

SITE: \_\_\_\_\_

MEDICAL INSTITUTE  
OF  
PALM BEACH

**INSTRUCTIONS:** *In order that our combined efforts may be efficiently employed in the training of the extern student mentioned above, your grading in the tasks listed below is desired upon completion of the externship every 2 weeks. If any tasks are not applicable, please indicate in the column "N/A". Please provide detail comments on the areas the students excelled or may need improvement.*

PROFESSIONAL STANDARD	EXCELLENT	GOOD	FAIR	NEEDS IMPROVEMENT	N/A
<b><i>I. PROFESSIONALISM</i></b>					
Initiative					
Appearance					
Time Management					
Follows Pharmaceutical Procedures					
Dependability					
<b><i>II. COMMUNICATION CUSTOMER CARE</i></b>					
Verbal					
Customer Service					
Insurance Knowledge/Terminology					
Telephone Base Skills					
<b><i>III. COMPUTER</i></b>					
Typing Skills					
Acclimation To Pharmacy Systems					
<b><i>IV. INVENTORY MANAGEMENT</i></b>					
Unpack Order/ Verify Invoices					
Accurately pull expired drugs					
Ordering Protocol ( Submission & Receiving)					
<b><i>V. PHARMACEUTICAL SKILLS</i></b>					
Dosage Calculation					
Reconstitution					
Use of Spatula And Counting Tray					
Pharmacy Law Knowledge					
Accuracy					
Sterile Aseptic Technique					
Patient Profile					
<b><i>VI. COMPOUNDING</i></b>					
Prep					
Compounding Knowledge/Skills					

*Please document your experience with our students. Provide the areas where you observed the student's strengths and weakness, areas of knowledge and areas in which the student will need to continue to develop.*

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**SUPERVISOR SIGNATURE**

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**PRINTED NAME**

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**DATE**