

**Pharmacy Residency Program
Director Evaluation Form**

Name of Resident Completing Evaluation: _____

Name of Director: _____

Date Completed: _____

Scale: *SD – Strongly Disagree D – Disagree N – Neutral A – Agree*

SA – Strongly Agree

During the Program, the Director:	SD	D	N	A	SA
Discussed expectations for the residency program with me at the beginning of the residency year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was accessible and met regularly (i.e. minimum twice a year) and provided guidance and direction when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was knowledgeable and aware of the current learning environment, learning resources etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was approachable and accessible for questions and informal/extra meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided constructive feedback and suggestions for improvement on performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostered an environment that encouraged independent learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was supportive and aided in conflict resolution on an as needed basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was effective in communicating with the resident, preceptors, other key individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Projected enthusiasm for the profession and practice of pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an advocate for the residency programs continual growth and success (ex.promotes program, acquisition of resources, quality improvement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Justify your rating using concrete examples.

Signature of Resident: _____ **Date:** _____

Signature of Coordinator _____ **Date:** _____

or

Signature of Director: _____ **Date:** _____