

College of Pharmacy
STUDENT OBSERVATION REPORT

This form - for use by instructors, preceptors, and/or staff - has two uses:

1. To capture exceptionally positive attitudes/behaviors of students, e.g., role models
2. To document concerning attitudes/behaviors of students, e.g., professional, ethical or wellness issues.

Student's Name: _____ Date(s) of Observation: _____

Student's Classification, if known (e.g. PP1, P2): _____

Course Name and Number, if applicable: _____

Place/type of occurrence:

- | | |
|--|--|
| <input type="checkbox"/> Lecture/Classroom | <input type="checkbox"/> Extra-Curricular Activity |
| <input type="checkbox"/> Laboratory/Recitation | <input type="checkbox"/> Individual Encounter |
| <input type="checkbox"/> Experiential (IPPE or APPE) | <input type="checkbox"/> Other: _____ |

Detailed description of observation. Please attach documentation if applicable.

If you discussed the issue with the student, describe the student's response and any action taken.

Notification only; no further action needed

Needs further discussion with Dean's Office

Author's printed name: _____

Author's signature: _____ Date: ____/____/____

Forward the completed form to the Executive Associate Dean at darbishi@purdue.edu.