College of Pharmacy

PROFESSIONAL OBSERVATION REPORT

This form has two uses:
1. To capture exceptionally positive attitudes/behaviors, e.g., role models
2. To document concerning attitudes/behaviors, e.g., professional, ethical or wellness issues.

My name is _____ Today's Date: _____

I have a concern about (name): _____ Date(s) of Observation: _____

Their role or classification (if known): _____

Course Name and Number, if applicable: _____

Place/type of occurrence:

____ Lecture/Classroom

____ Laboratory/Recitation

____ Experiential (IPPE or APPE)

____ Extra-or Co-Curricular Activity

____ Individual Encounter

____ Other: _____

Detailed description of observation. Please attach documentation if applicable.

_____
_____
_____
_____
_____
_____
_____
_____

If you discussed the issue with the individual, describe their response and any action taken.

_____
_____
_____
_____
_____

☐ Notification only; no further action needed

☐ Warrants further discussion with Dean's Office

Reporter's signature: _____ Date: _____/_____/_____

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