

Pharmacy Technician Training Evaluation Form

Trainee Information

Trainee Name

Evaluator Name

Date

Evaluation Criteria

Criteria	Excellent	Good	Average	Poor
Accuracy in Prescription Processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Strengths

Areas for Improvement

Overall Evaluation



Evaluator Signature

Signature