



Master of Public Health Program

MPH Practicum
Student Evaluation of Site

Student Name: _____ Campus Wide ID (CWID): _____

Faculty Advisor: _____

Practicum Site & Address: _____

Preceptors Name: _____ Title: _____

My practicum experience ...	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. Contributed to the development of my career interests					
2. Provided me with the opportunity to address my learning objectives					
3. Provided the opportunity to use skills obtained through MPH coursework					
4. Required skills I did not have					
5. Required skills I obtained outside of MPH coursework					
6. Added new information or skills to my graduate education					
7. Served as a valuable experience in public health practice					
8. I would recommend this organization to others for a practicum					
My preceptor...	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
9. Enabled me to achieve my learning goals					
10. Accepted me as an functional member of the staff					
11. Integrated me into all appropriate levels in activities, programs, and projects					
12. Listened to my suggestions					
13. Involved me in the decision making process within the organization					
14. Initiated communication relevant to my assignment or topics that he/she knew to be of interest to me					
15. Was knowledgeable in his/her area of study					
16. I would recommend this preceptor as a supervisor for future practica					
17. I used an existing Graduate Assistantship or my current place of employment as my practicum site	Yes				No

Please include any comments that can be used to support your responses. Include this form in your written report to be submitted to your faculty advisor and the MPH Program Director.

Student Signature: _____ Date: _____