

Preceptor Evaluation of Student's Performance in Practicum MPH Program

Q1 We appreciate the public health practicum opportunity for our graduate student, and would ask you to please complete this evaluation form in its entirety at the conclusion of the student's practicum experience at the host site. Once complete, simply click the submit button to return it to the Office of Student Services at OU College of Public Health.

Q2 Name of the Student?

Q3 Today's Date?

Q4 Name of host agency/organization?

Q5 Start date of the Practicum?

Q6 End date of the Practicum?

Q7 Preceptor's Name and Title?

Q8 Overall how satisfied are you...

	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
the student meets your expectations? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the practicum benefits your agency/organization? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 What do you consider to be the student's strengths?

Q10 Which area(s) do you consider the student could improve?

Q11 Please provide any additional information that would assist the student to continue professional growth:

