

MID-COURSE REVIEW OF STUDENT'S PROGRESS
University of Oklahoma Hudson College of Public Health

Complete and describe the student's progress and any changes in the objectives, goals, or schedule of the practicum experience to-date.

Please complete all sections and type your responses

Student's Name: _____ Preceptor: _____

Host site: _____

Contact hours end date: _____ Practicum advisor: _____

- 1) Describe and explain any changes in the learning objectives, practice goals, two work products, or schedules of the Practicum.

- 2) Describe how the Practicum has progressed to date, including any concerns not mentioned above.

- 3) Confirmed committee members(names):

- 4) Scheduled date of Oral Presentation and Examination:

Signatures:

Student: _____

Date: _____

Preceptor: _____

Date: _____

Practicum Chair/Advisor: _____

Date: _____