

This form should be completed by preceptors at the end of the practicum experience.

Student Name: _____ Department: _____

Advisor Name: _____ Date of Practicum Completion: _____

Practicum Host Organization: _____

Preceptor Contact Information

Preceptor Name: _____ Phone: _____

E-mail: _____

| | Strongly agree | Agree | Disagree | Strongly disagree | Comments |
|--|----------------|-------|----------|-------------------|----------|
| <i>Please rate the extent to which the student...</i> | | | | | |
| Completed work assignments in a timely manner. | | | | | |
| Worked independently and with others well, as applicable to the tasks(s) and project(s). | | | | | |
| Brought appropriate knowledge and skills to the project(s). | | | | | |
| Behaved in a mature and professional manner. | | | | | |
| Interacted well with others at the practicum/ internship site. | | | | | |
| Accepted constructive comments and supervision in a professional manner. | | | | | |
| Completed practicum/ internship outlined project(s)/ deliverable(s)/ service(s). | | | | | |

| | Strongly agree | Agree | Disagree | Strongly disagree | Comments |
|---|----------------|-------|----------|-------------------|----------|
| <i>Please rate the overall experience of the practicum/ internship</i> | | | | | |
| There was enough communication between the faculty, student, and myself. | | | | | |
| The practicum required an appropriate amount of my time. | | | | | |
| Our organization would like to continue to accept students from Pitt Public Health. | | | | | |