

 **FINAL PRACTICUM EVALUATION – FACULTY**

**BEHAVIORAL & COMMUNITY HEALTH SCIENCES**

*August 2024 Version*

**Student Name:** Click or tap here to enter text.

**Program:**  Choose student program.

**Faculty Advisor Name:** Click or tap here to enter text.

**Practicum Host Organization:** Click or tap here to enter text.

**Preceptor Name:** Click or tap here to enter text.

**Preceptor Email:** Click or tap here to enter text.

**Date of Practicum Completion:** Click or tap to enter a date.

***Please evaluate the student’s attainment of competencies through work performed during their practicum and work products submitted…***

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| --- | --- | --- | --- | --- |
|  | **Competency Not Met** | **Competency Partially Met** | **Competency Met** | **Comments** |
| **Competency #1**Choose CEPH Foundational Competency. |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Competency #2**Choose CEPH Foundational Competency. |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Competency #3**Choose CEPH Foundational Competency. |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Competency #4**Choose BCHS MPH Competency or CEPH Foundational Competency. |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Competency #5**Choose BCHS MPH Competency or CEPH Foundational Competency. |[ ] [ ] [ ]  Click or tap here to enter text. |

**Additional Comments:**

Click or tap here to enter text.