Text

Description automatically generated

**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…***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.