

This form should be completed by students at the midpoint of the practicum experience.

Student Name: _____ Department: _____

Advisor Name: _____ Date of completion: _____

Practicum Host Organization: _____

Preceptor Contact Information

Preceptor Name: _____ Phone: _____

E-mail: _____

Strongly agree	Agree	Disagree	Strongly disagree	Comments
----------------	-------	----------	-------------------	----------

Please rate:

The amount of work is appropriate for credit assignment.					
I am encouraged to apply knowledge and skills from coursework.					
I was prepared to begin the practicum experience.					
The practicum work has been well-organized.					
On-site time is used efficiently.					
I have adequate resources to conduct my project.					
The preceptor is available if I have questions.					
I have developed a good working relationship with my preceptor.					
I am able to work well with others at the practicum site.					
I am receiving sufficient supervision from my preceptor.					
I am receiving sufficient supervision from my faculty advisor.					
The practicum is helping me clarify my plans for the future.					

If any issues arise, please contact program director/practicum director/advisor as soon as possible.

For Departmental Use