

# 100 Hour Review of Practicum Placement

## Master of Public Health Program

Name of Student \_\_\_\_\_

Practicum Location \_\_\_\_\_

Practicum Title \_\_\_\_\_

Describe and explain any changes in the learning goals, competencies, or deliverables of the practicum.

Describe how the practicum placement has progressed to date, including successes as well as any problems not discussed above.

Describe any changes that need to be made to the experience-specific evaluation criteria.

Student \_\_\_\_\_ Date \_\_\_\_\_

Organizational Preceptor \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_