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 ____________