

Student Evaluation of Practicum Experience Master of Public Health Program

Student's Name _____

Semester and Year _____

Practicum Location _____

Preceptor's Name and Position _____

Evaluation of Major Project/Assignments

Please complete the following assessment of your practicum experience. Use a rating scale of 1-5 to rate your experience, 1=Strongly Disagree; 2=Disagree; 3=Neither Agree or Disagree; 4=Agree; 5=Strongly Agree

	Rating	Comments
1. My learning goals were met by the practicum experience.		
2. My practicum experience was clearly relevant to my career goals.		
3. I would strongly recommend this organization to other students.		
4. I would strongly recommend this organization preceptor to other students.		
5. The practicum report added value to my practicum experience.		
6. The practicum requirement is worthwhile for MPH students.		