

**STONY BROOK UNIVERSITY
Program in Public Health
Master of Public Health Degree Program**

FORM G: FACULTY EVALUATION

Name of Student:
Practicum Title:

1. Please rate the student's performance on achieving the following competencies of the Practicum: (Student should add these from Practicum Proposal)

Competencies	Poor	Average	Very Good	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add additional competency lines as needed.

2. Please rate the quality of the Practicum deliverables:

Poor Average Very Good Outstanding

If 'Poor', please explain.

3. Additional Comments Regarding Student Performance:

4. Recommended Grade: _____

Faculty Supervisor's Signature

Date