

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

Form H: Student's Evaluation

Please take time to answer the following questions thoroughly.

Name of Student:	<input type="text"/>
Practicum Title:	<input type="text"/>

1. Overall, how would you rate your Practicum experience?
 Poor Average Very Good Outstanding

Please explain the reasons for your Practicum rating.

2. How would you rate the supervision of your Preceptor?
 Poor Average Very Good Outstanding

Please explain the reasons for your Preceptor rating.

3. What recommendations do you have to the Program in Public Health's faculty/staff to help prepare for or improve the practicum experience?

Student's Signature

Date