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**STONY BROOK UNIVERSITY**

**Program in Public Health**

**Master of Public Health (MPH) Degree**

**Form F: PRECEPTOR'S EVALUATION**

Thank you for participating as a Preceptor in a *Program in Public Health* Practicum and for completing this evaluation of the student’s Practicum performance and reviewing your feedback with the student. Please email the completed form to michele.bayley@stonybrookmedicine.edu:

Please feel free to use additional space as needed. We will be happy for any information you may provide that helps us serve our students and your organization better.

|  |
| --- |
| Name of Student:  |
| Practicum Title:  |
| Practicum Organization:  |
| Practicum Preceptor: |

1. **Please evaluate the student’s Practicum performance on all of the following attributes:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attribute** | **Poor** | **Average** | **Good** | **Very****Good** | **Outstanding** | **Inadequate Opportunity to Observe** |
| Written communication skills |[ ] [ ] [ ] [ ] [ ] [ ]
| Oral communication skills |[ ] [ ] [ ] [ ] [ ] [ ]
| Ability to apply public health practices to practicum  |[ ] [ ] [ ] [ ] [ ] [ ]
| (Very subjective) Demonstration of problem solving/ critical thinking skills |[ ] [ ] [ ] [ ] [ ] [ ]
| Motivation on this project |[ ] [ ] [ ] [ ] [ ] [ ]
| Interpersonal skills |[ ] [ ] [ ] [ ] [ ] [ ]
| Ability to work collaboratively with diverse communities and constituencies |[ ] [ ] [ ] [ ] [ ] [ ]
| Standards of personal integrity; compassion, honesty, and respect for all people |[ ] [ ] [ ] [ ] [ ] [ ]
| Judgment, including ability to seek guidance when warranted  |[ ] [ ] [ ] [ ] [ ] [ ]
| Organization skills |[ ] [ ] [ ] [ ] [ ] [ ]
| Dependability/follow-through  |[ ] [ ] [ ] [ ] [ ] [ ]
| Ability to work independently  |[ ] [ ] [ ] [ ] [ ] [ ]

1. **Please rate the student’s performance on achieving the goals and measurable objectives of the Practicum: (**Student should add these from Practicum Proposal**)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goals & Measurable Objectives** | **Poor** | **Average** | **Good** | **Very****Good** | **Outstanding** |
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1. **Please rate the quality of the Practicum deliverable(s):**

[ ]  **Poor** [ ] **Average** [ ]  **Good** [ ] **Very Good** [ ] **Outstanding**

1. **Please rate the overall performance, including quality of the practicum deliverables on a scale of 1`- 5:**

**1 2 3 4 5 Score\_\_\_\_\_**

**Poor Average Good Very Good Outstanding**

 **Please provide comments on your rating of the student’s overall performance:**

1. **Was this experience helpful to your organization?**

[ ]  **Yes** [ ]  **No** [ ]  **Not Sure**

 **If ‘No’ or ‘Not Sure’, please explain.**

1. **Would you consider serving as a Practicum Preceptor again?**

[ ]  **Yes** [ ]  **No** [ ]  **Not Sure**

**If yes, would this placement be suitable for continuation by another MPH student in the next 3-6 months?**

**If no or not sure, please explain:**

1. **Please note any suggestions either for the student or for future Practicum experiences, in general.**

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 **Preceptor’s Signature Date**