

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

FORM F-1: 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. When you have completed this form, please return it to:

Catherine Messina, Ph.D.
Practicum Coordinator
Master of Public Health Degree Program
Stony Brook University
HSC Level 3, Room 087
Stony Brook, NY 11794-8338

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: |

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

| Attribute | Poor | Average | Very Good | Outstanding | Inadequate Opportunity to Observe |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Written communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic performance on this project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstration of intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation on this project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work collaboratively with diverse communities and constituencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standards of personal integrity; compassion, honesty, and respect for all people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Judgment and independence in work on the project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. 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 | 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"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please rate the quality of the Practicum deliverable(s):
 Poor Average Very Good Outstanding

If ‘Poor’, please explain.

4. Was this experience helpful to your organization?
 Yes No Not Sure

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

5. 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:

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

Preceptor’s Signature

Date