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**STONY BROOK UNIVERSITY**

**Program in Public Health**

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

**Form G: Practicum Faculty Advisor Evaluation**

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| --- |
| 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** | **Good** | **Very****Good** | **Outstanding** |
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1. **Please rate the quality of the Practicum deliverable(s):**

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

 **If ‘Poor’, please explain.**

1. **Please provide comments regarding student’s performance:**
2. **Overall Practicum Score (numeric value) :**

**Grading Scale:**

|  |  |
| --- | --- |
| **Letter Grade** | **Score** |
| **A** | **93-100** |
| **A-** | **90 - 92** |
| **B+** | **87-89** |
| **B** | **83-86** |
| **B-** | **80-82** |
| **C+** | **77-79** |
| **C** | **73-76** |
| **C-**  | **70-72** |
| **F** | **69 – below**  |

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 **Faculty Supervisor’s Signature Date**