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

**Form H: Student’s Evaluation**

**Please let us know about your practicum experience by responding to the questions below.**

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

1. **Overall, how would you rate your Practicum experience?**

**Poor  Average  Good  Very Good  Outstanding**

**Please explain.**

Click here to enter text.

1. **How would you rate the supervision of your Preceptor?**

**Poor Average  Good Very Good Outstanding**

**Please explain.**

Click here to enter text.

1. **Is there an opportunity to place another student at your practicum site (to continue or expand on your practicum project)? If so, please explain.**
2. **What recommendations would you make to the Program in Public Health's faculty/staff to help improve the practicum preparation and experience?**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.

**Student’s Signature Date**

**Thank you.**