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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.**