

**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:

Michele Bayley, MPH  
Practicum Coordinator  
Master of Public Health Degree Program  
Stony Brook University  
HSC Level 3, Room 075A  
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.

<b>Name of Student:</b>
<b>Practicum Title:</b>

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

<b>Attribute</b>	<b>Poor</b>	<b>Average</b>	<b>Very Good</b>	<b>Outstanding</b>	<b>Inadequate Opportunity to Observe</b>
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)**

<b>Goals &amp; Measurable Objectives</b>	<b>Poor</b>	<b>Average</b>	<b>Very Good</b>	<b>Outstanding</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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**