

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

**FORM G: FACULTY EVALUATION**

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

**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	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"/>
	<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"/>

Add additional competency lines as needed.

**2. Please rate the quality of the Practicum deliverables:**

Poor    Average    Very Good    Outstanding

If 'Poor', please explain.

**3. Additional Comments Regarding Student Performance:**

**4. Recommended Grade:** \_\_\_\_\_

\_\_\_\_\_  
Faculty Supervisor's Signature

\_\_\_\_\_  
Date