Form H: Student’s Evaluation
Please take time to answer the following questions thoroughly.

Name of Student: 

Practicum Title: 

1. Overall, how would you rate your Practicum experience?
   □ Poor   □ Average   □ Very Good   □ Outstanding
   
   Please explain the reasons for your Practicum rating.

2. How would you rate the supervision of your Preceptor?
   □ Poor   □ Average   □ Very Good   □ Outstanding
   
   Please explain the reasons for your Preceptor rating.

3. What recommendations do you have to the Program in Public Health's faculty/staff to help prepare for or improve the practicum experience?

________________________________  ______________
Student’s Signature Date