

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

**Form H: Student's Evaluation**

Please take time to answer the following questions thoroughly.

Name of Student:	<input type="text"/>
Practicum Title:	<input type="text"/>

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