

## 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: |  |   |                         |
|------------------|--|---|-------------------------|
| Practicum Title: |  |   |                         |
| □ Poor □         | v would you rate your Prac<br>☑ Average  □ Very Good<br>se explain the reasons for y | ☐ Outstanding                               |                         |
| □ Poor           | you rate the supervision of □Average □Very God                                       | od □Outstanding                             |                         |
|                  | nmendations do you have t<br>e for or improve the practio                            | to the Program in Public Heacum experience? | alth's faculty/staff to |
| Stud             | ent's Signature  | <br>  |                         |