

**University of Pittsburgh  
Graduate School of Public Health  
Department of Epidemiology**

**Internship Preceptor Evaluation**

Your feedback as a mentor is important to us. Please take five minutes to complete this candid evaluation of the intern via our online web portal. Interns will provide instructions for access. This form should be completed within two weeks of the end of the internship experience.

Name of Student: \_\_\_\_\_

Dates of Internship: From: \_\_\_\_\_ To: \_\_\_\_\_ Year: 20\_\_\_\_

Total Weeks: \_\_\_\_ Hours/Wk \_\_\_\_\_

Was this internship a paid position? \_\_\_\_\_

If so, at what rate? \_\_\_\_\_

Internship Preceptor (on-site supervisor): \_\_\_\_\_

Title: \_\_\_\_\_

Agency, Organization, or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. Please give a brief description of the types of experiences provided for the student in this placement.

2. What type of activities did the student perform for your organization? Were they completed to your satisfaction?

3. Have you supervised interns in the past? Yes                      No

4. How would you describe the performance of this student in the internship?  
Indicate one:

Outstanding	Above Average	Average	Below Average
4	3	2	1

5. How many times did you have contact, in any form, with the student's faculty advisor about the internship?

0    1    2    3 or more times

6. Are there any areas of our student's educational background that you feel could be improved or made more complete? Explain.

7. Were there positive and/or negative aspects of the practice experience for your organization?

8. Do you have any recommendations regarding our intern placement policies?

9. Are you willing to have future GSPH students placed with you?

**YES**      **NO**

If no, please explain:

10. If yes, are you willing to supervise another student in the future?

**YES**      **NO**

If no, please explain: