

This form should be completed by students at the end of their practicum experience.

Student Name: _____ Department: _____

Advisor Name: _____ Date of Practicum Completion: _____

Practicum Host Organization: _____

Preceptor Contact Information

Preceptor Name: _____ Phone: _____

E-mail: _____

Strongly agree	Agree	Disagree	Strongly disagree	Comments
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Please rate:

The amount of work is appropriate for credit assignment.					
I am encouraged to apply knowledge and skills from coursework.					
I was prepared to begin the practicum experience.					
The practicum work has been well-organized.					
On-site time is used efficiently.					
I have adequate resources to conduct my project.					
The preceptor is available if I have questions.					
I have developed a good working relationship with my preceptor.					
I am able to work well with others at the practicum site.					
I am receiving sufficient supervision from my preceptor.					
I am receiving sufficient supervision from my faculty advisor.					
The practicum is helping me clarify my plans for the future.					
I would recommend this practicum site to other students.					

PittPublicHealth **Practicum/Internship Evaluation Form for Students**

*Deliverables

Directions: Describe two deliverables completed by the end of your experience.

1:

Deliverable same as noted on Learning Agreement Form? yes no

2:

Deliverable same as noted on Learning Agreement Form? yes no

*CEPH Requirement

For Departmental Use