

This form should be completed by preceptors at the midpoint of the practicum experience.

Student Name: _____ Department: _____

Advisor Name: _____

Practicum Host Organization: _____

Preceptor Contact Information

Preceptor Name: _____ Phone: _____

E-mail: _____ Date of completion: _____

Strongly agree	Agree	Disagree	Strongly agree	Comments
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Please rate:

My goals for this practicum are being met.					
The project is being completed in an appropriate amount of time.					
The student was prepared to begin the practicum experience.					
On-site time is being used efficiently.					
The student is able to carry out assigned tasks.					
The student is able to utilize supervision constructively.					
The student is behaving in a mature and professional manner.					
I have developed a good working relationship with the student.					
The student interacts well with others at the practicum site.					
When needed, there is enough communication among the Faculty Advisor, student, and myself.					
The practicum is requiring an appropriate amount of my time.					
I had enough input into structuring the practicum experience.					

If any issues arise, please contact program director/practicum director/advisor as soon as possible.