

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

Student Name: \_\_\_\_\_ Department: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Practicum Host Organization: \_\_\_\_\_

**Preceptor Contact Information**

Preceptor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Strongly agree	Agree	Disagree	Strongly agree	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.					

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

For Departmental Use