

*This form should be completed by preceptors at the end of the 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 extent to which the student...*

Completed work assignments in a timely manner.					
Worked independently and with others well, as applicable to the tasks(s) and project(s).					
Brought appropriate knowledge and skills to the project(s).					
Behaved in a mature and professional manner.					
Interacted well with others at the practicum/ internship site.					
Accepted constructive comments and supervision in a professional manner.					
Completed practicum/ internship outlined project(s)/ deliverable(s)/ service(s).					

	Strongly agree	Agree	Disagree	Strongly disagree	Comments
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*Please rate the overall experience of the practicum/ internship*

There was enough communication between the faculty, student, and myself.					
The practicum required an appropriate amount of my time.					
Our organization would like to continue to accept students from Pitt Public Health.					