



MOUNT SINAI
SCHOOL OF
MEDICINE
NEW YORK

**MASTER OF PUBLIC HEALTH PROGRAM
PRACTICUM PRECEPTOR EVALUATION FORM**

Please complete and return to Ms. Rose Vallines, Administrative Assistant.

CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

Practicum Preceptor Name: _____

Student Name: _____

Student Mount Sinai Life Number: _____

Name of Practicum: _____

Duration of Practicum: _____

Please use the following evaluation scale:

- 5 Outstanding
- 4 Very Good
- 3 Good – This is the average to be expected
- 2 Fair
- 1 Poor
- 0 Completely Unmet
- N/A Please write *N/A* when the question is not applicable

Did the student meet the learning objectives of the Practicum?	5	4	3	2	1	0
Did the student demonstrate understanding of the concepts of Public Health?	5	4	3	2	1	0
Did the student learn how to apply these concepts in a practical manner?	5	4	3	2	1	0
Was the student’s work thorough and complete?	5	4	3	2	1	0
Was the student reliable and dependable?	5	4	3	2	1	0
Did the student demonstrate initiative?	5	4	3	2	1	0
Did the student identify problems and actively work to develop solutions?	5	4	3	2	1	0
How well did the student interact with others, especially members of the community?	5	4	3	2	1	0
How would you rate the student’s performance in the Practicum?	5	4	3	2	1	0

Did the student fulfill a minimum of 150 hours working on this Practicum?

Yes
 No

Please quantify the total hours that the student spent on the Practicum: _____

EVALUATION OF STUDENT’S RESPONSIBILITIES

Please provide an overview of the student’s responsibilities including service goals of the project.

Please list the Public Health competencies addressed during this Practicum. (see MPH student handbook)

STUDENT’S STRENGTHS

Provide a list of the strengths the student exhibited during the Practicum.

STUDENT’S WEAKNESSES

Provide a list of the weaknesses the student exhibited during the Practicum.

ANY ADDITIONAL INFORMATION / FEEDBACK FOR THE MASTER OF PUBLIC HEALTH PROGRAM:

Practicum Preceptor: _____
Signature Print Date

Student: _____
Signature Print Date

Specialty Track Advisor: _____
Signature Print Date

Program Director: _____
Signature Print Date