****

**MPH Epidemiology**

**FINAL Assessment of Student Practicum by Field Supervisor**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the major areas of experience the student exercised during their practicum period:

By placing a check in the appropriate box indicate the student's aptitude in community health and epidemiology.

Outstanding  Very good  Good  Average  Poor  Unable to judge

Areas of outstanding ability:

Areas of average competence:

Suggestions for improvement in student's preparation prior to arrival at the practicum setting:

Recommendations for improvement in the practicum experience in subsequent years:

Suggestions for further training during remaining time in the MPH program (e.g. arising out of knowledge or skill deficits observed during Practicum).

Other comments:

**Recommended Grade**: Pass\_\_\_\_\_\_\_\_ Fail\_\_\_\_\_\_\_\_ Standing Deferred\_\_\_\_\_\_

The following three grade choices are available to the preceptor:

**Pass**: The student has satisfactorily performed in the practicum setting, and has demonstrated

appropriate knowledge and skill in the community health field.

**Fail**: The student has not performed in a satisfactory way and is not considered sufficiently well-prepared

for his/her level of training to date. Further formal education and/or practicum experience is recommended.

**Standing Deferred**: The student has strong potential and it is recommended that further supervised

practicum experience be gained prior to the completion of the practicum requirement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Date**

**Please discuss this evaluation with the student.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Student Date**

*For more information contact the practicum placement officer.*

*Email:* [*practicum.dlsph@utoronto.ca*](mailto:practicum.dlsph@utoronto.ca) *Phone: 416-978-8844*

**Students: submit the evaluation through Blackboard once signed.** July 2013