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**MPH Epidemiology Interim Evaluation by Student**

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

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

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

Describe how the practicum has progressed to date. Describe and explain any changes to the objectives/ responsibilities/ deliverables in the original contract. (E.g., To what extent has the agency and practicum supervisor met the student’s expectations? What, if any, issues have arisen that need to be addressed? How might the agency improve the experience for the student? How might the agency improve the experience and learning for the student?)

Do you believe the work is progressing satisfactorily? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If “no”, please outline any difficulties and proposed solutions:

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**Signature of Student Date**

*Students, please upload completed form to Blackboard.*

*For any questions or concerns contact the Practicum Placement Officer:* [*Practicum.dlsph@utoronto.ca*](mailto:Practicum.dlsph@utoronto.ca)