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**MPH Epidemiology Interim Evaluation by Practicum Supervisor**

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

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

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

Email 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 student met the agency’s and practicum supervisor’s expectations? What, if any, issues have arisen that need to be addressed? How might the student improve the experience for the agency? How might the agency improve the experience and learning for the student?)

Is the work progressing satisfactorily? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

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

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

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 **Supervisor Date**

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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 July 2013