****

**MPH Health Promotion**

**Final Assessment of Practicum by Student**

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information please contact the Practicum Placement Officer, at 416-978-8844 or [practicum.dlsph@utoronto.ca](mailto:practicum.dlsph@utoronto.ca)

1. What were your major products/accomplishments during your practicum?

|  |
| --- |
|  |

1. What is your assessment of the quality of these products/accomplishments?

Poor  Average  Good  Very good  Outstanding

1. List the health promotion competencies (both practical and conceptual) you wanted to enhance in this practicum, provide an assessment of your progress, and indicate where further development or enhancement is needed.

|  |
| --- |
|  |

1. What are your key learnings about health promotion practice and/or research arising from this practicum experience?

|  |
| --- |
|  |

1. The availability of your supervisor was:

Less than you had expected  About what you had expected  More than you had expected

Comments and suggestions:

|  |
| --- |
|  |

1. To what extent did you have opportunities to learn about the agency, its clients or services, and its relations with others beyond your immediate responsibilities?

N/A

not at all some very much not

applicable

Comments:

|  |
| --- |
|  |

1. Overall, how would you rate the agency's success in providing a setting for you to enhance your knowledge and skills related to health promotion practice?

Poor  Average  Good  Very good  Outstanding

Comments:

|  |
| --- |
|  |

1. How would you rate the learning that occurred during your practicum?

Low  Moderate  High

Comments and suggestions:

|  |
| --- |
|  |

1. How might you have been better prepared for your practicum prior to arrival at the practicum setting?

|  |
| --- |
|  |

1. Other comments or suggestions for improving the practicum experience in the future

|  |
| --- |
|  |

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)