



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Health Promotion Practicum Forms 2016

Contact practicum placement officer or go to Blackboard Practicum site for word documents



PLANNING FRAMEWORK/ PLACEMENT CONTRACT 2016

To be completed by the student and the practicum supervisor within 2 weeks of commencement of placement and a signed copy must be returned to the practicum placement officer. **Note changes to this form and the practicum in 2016 are highlighted in yellow.**

Student name: _____

Practicum supervisor's name: _____

Practicum supervisor's e-mail: _____

Practicum supervisor's phone number: _____

Location of Practicum: _____

Address: _____

Start date: _____ End Date: _____

Hours per week: _____

Financial arrangements (stipend/ hourly wage, amount): \$ _____

Course codes registered for on ROSI (note: you can only obtain a TOTAL of 3.5 FCE for all practica, ie Practicum I and Practicum II combined):

First practicum: __ **CHL6010Y** (1.0cr) __ **CHL6011H** (0.5cr) __ **CHL6012Y** (1.0cr)

Second practicum: __ **CHL6020Y** (1.0cr) __ **CHL6021H** (0.5cr) __ **CHL6022Y** (1.0cr)

Date mid-term evaluation due (approx. halfway through placement): _____

Date final evaluations and deliverables due (same as stated end date): _____

For more information, please contact:

Prof Charlotte Lombardo at 416-978-6873 / c.lombardo@utoronto.ca

Dr Suzanne Jackson at 416-978-1100 / Suzanne.jackson@utoronto.ca

Julie Foisy at 416-978-8844 / practicum.dlsph@utoronto.ca



PURPOSE/GOAL(S) OF THE PRACTICUM

... From the perspective of the practicum supervisor/ organization

... From the perspective of the student

Based on the above, outline how the placement is a good fit between you (the student) and the agency, and state three to five shared goals.



Which core health promotion competencies will this practicum help the student to acquire/enhance and demonstrate? *Note that students are required to submit the Pan-Canadian Network for Health Promoter Competencies [self-assessment tool](#) at the conclusion of the practicum.*

What is the health promotion relevance of this placement? (in 2-5 sentences)

SPECIFIC PRACTICUM ACTIVITIES and ARRANGEMENTS

What are the specific activities that the student will perform during the practicum?

What products developed for the practicum supervisor/ organization (documents, proposals, presentations, publications) will signal the completion of the practicum? Your work must be the equivalent (at minimum) to that of a major paper.



What are the expected arrangements for student supervision during the practicum? Practicum supervisors are expected to meet with their student on a biweekly basis, at minimum.

What resources will be made available to the student, with respect to working conditions? (e.g. provision of a workstation, a computer, telephone, reimbursement for work-related travel, etc.)

For Practicum II ONLY: Will the student undertake a “field inquiry” in association with her/his practicum? If yes, please notify Julie Foisy and submit all forms to Suzanne Jackson (Suzanne.jackson@utoronto.ca). Note in the box below the distinction between the practicum activities and activities associated with the field inquiry.



Additional comments/information:

As practicum supervisor/ student I:

- agree with this practicum plan.
- understand that this plan may change or be further developed as a result of the changing nature and/or conditions associated with the Practicum.
- agree that significant changes to the plan will be agreed to and documented by the sponsoring agency/organization and the student by completion of the amendment form.
- agree to discuss significant issues/problems that may arise with the practicum placement officer (contact information below) at the earliest possible moment.
- agree that I will complete and return both a mid-term and final evaluation for the student's placement.
- understand and agree that weekly journal entries and a reflection paper based on the practicum work must be shared with DLSPH at the conclusion of the practicum to receive a grade and know that the work will remain confidential and will not be kept on file after review.

SIGNATURES

Practicum Supervisor: _____ Date _____

Student: _____ Date _____

Please submit the completed form to Julie Foisy, Practicum Placement Officer,
by fax to 416-978-1883, by email to practicum.dlsp@utoronto.ca or upload to Blackboard.



MID-TERM EVALUATION by PRACTICUM SUPERVISOR

Name of Student: _____

Practicum Organization: _____

Name of Practicum Supervisor: _____

What is the practicum supervisor's assessment to date?

(E.g., To what extent has the student met the agency's and your expectations? What contributions has the student made to the agency? What, if any, issues have arisen that need to be addressed? How might you and/or the student improve the experience and learning for either yourself, the agency or the student?)

Signature

Date

Please submit the completed form to Julie Foisy, Practicum Placement Officer, by fax to 416-978-1883 or by email to practicum.dlsph@utoronto.ca



MID-TERM EVALUATION by STUDENT

Name of Student: _____

Practicum Organization: _____

Name of Practicum Supervisor: _____

What is the student's assessment to date?

(E.g., To what extent has the agency's and/or practicum supervisor met your expectations? What contributions has the agency/supervisor made to your practicum experience/learning? What, if any, issues have arisen that need to be addressed? How might you and/or the agency improve the experience and learning for either yourself or the agency?)

Signature

Date

Please upload the completed form to Blackboard.



MPH Health Promotion

Final Assessment of Student Practicum by Field Supervisor

Name of student: _____

Practicum setting: _____

Name of supervisor: _____

For more information please contact Julie Foisy, Practicum Placement Officer, at 416-978-8844
practicum.dlsph@utoronto.ca

Many thanks for completing this evaluation and for providing our students with an opportunity to enhance their knowledge and skills related to the practice of health promotion.

1. What were the student's major products/accomplishments during her/his practicum?

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

Poor Average Good Very good Outstanding

3. From your perspective, what competencies/skills (both practical and conceptual) did the student acquire as a result of this placement?



4. To what extent did the student contribute to the ongoing work of your agency (or to your ongoing research)?

-
- not at all some very much N/A
not applicable

Comments:

5. How well did the student relate to other members of your agency and/or those with whom s/he was in regular contact?

-
- not at all some very much N/A
not applicable

Comments:

6. Overall, how would you rate the student's performance during her/his practicum?

- Poor Average Good Very good Outstanding

Comments:

7. How might the student have been better prepared for her/his practicum prior to arrival at the practicum setting



8. What other suggestions do you have for improving students' practicum experiences in the future?

Recommended Grade: Pass _____ Fail _____ Grade
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.

Grade 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.

Practicum Supervisor: _____ Date _____

Please discuss this evaluation with the student.

Student: _____ Date _____

Please submit the completed form to Julie Foisy, Practicum Placement Officer, by fax to 416-978-1883 or by email to practicum.dlsph@utoronto.ca



Practicum Amendment form

Student's name: _____

Practicum Supervisor: _____

Please complete the sections below that are relevant to your practicum amendment

(e.g. your dates have changed; your objectives/ activities have changed).

Practicum supervisor:

Name: _____

Phone: _____

e-mail: _____

Dates of practicum:

Beginning: _____

End: _____

Hours per week: _____

How have the original objectives listed in the Planning Framework changed? Please explicitly identify the new objectives.

How have the specific activities to be performed during the practicum changed? Please list the new activities.



Other relevant changes:

SIGNATURES

Practicum Supervisor: _____ Date _____

Student: _____ Date _____

Please send completed form to Julie Foisy, Practicum Placement Officer

practicum.dlsph@utoronto.ca or fax to 416-978-1883