



MPH in Epidemiology Practicum Contract

Student name: _____ Student number: _____

Name of practicum supervisor: _____

Email of practicum supervisor: _____

Phone number of practicum supervisor: _____

Location of Practicum:

Length of Practicum (weeks): _____ Weekly work hours: _____

Start date: _____ End date: _____

Indicate the course codes you will enroll in for this practicum:

(Note: 12wks FT=1.5cr (approx. 480hrs), 16wks FT=2.0cr (approx. 640hrs))

First practicum: __CHL6010Y (1.0cr) __CHL6012Y (1.0cr)

Second practicum: __CHL6020Y (1.0cr) __CHL6021H (0.5cr) __CHL6022Y (1.0cr)

Is this part of a Capstone project: _____ *(If "yes", please submit your Capstone Plan with this contract)*

Financial arrangements (stipend or hourly wage & amount): \$ _____

Proposed schedule for meetings between student and supervisor: _____

Workplace environment and equipment provided to student (e.g. work space, desk, computer, etc.):

List the core competencies to be acquired/ enhanced and demonstrated within this practicum (*min 3, max 7*). **The core competencies listed must be tied into your reflection paper submitted with your final evaluation.** *(For specific guidance, please see the [proposed APHEO core competencies for Epidemiologists](#) and for general public health competencies see the PHAC document [Core Competencies for Public Health in Canada](#).)*

List specific learning objectives of the practicum (please include a minimum of 4):

Major responsibilities within the practicum:

Deliverables expected at end of the practicum:

As practicum supervisor/ student, I:

- agree with this practicum plan.
- agree to regularly meet with the student to discuss progress and activities and to provide supervision.
- agree that I will complete and return both a mid-term and final evaluation for the placement.

Signature of Supervisor

Signature of Student

Date: _____

Date: _____

For more information contact the practicum placement officer:
Email: practicum.dslph@utoronto.ca Phone: 416-978-8844 Fax: 416-978-1883



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.

Supervisor

Date

Signature of Student

Date

Please return to Practicum Placement Officer:

Email: practicum.dlsph@utoronto.ca Phone: 416-978-8844

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:

Signature of Student

Date

Please submit through Blackboard Practicum group.

For any questions or concerns please call the Practicum Placement Officer at 416-978-8844



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 Phone: 416-978-8844 Fax: 416-978-1883
Students: submit the evaluation through Blackboard once signed.*



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/ products have changed).

Practicum supervisor:

Name: _____

Phone: _____

e-mail: _____

Dates of practicum:

Beginning: _____

End: _____

Hours per week: _____

How have the original objectives listed in the Learning contract changed? Please explicitly identify the new objectives.

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

How have the deliverables to be submitted at the end of the practicum changed? Please list the new deliverables to be submitted and the former deliverables that will be omitted.

Other relevant changes:

SIGNATURES

Practicum Supervisor: _____ Date _____

Student: _____ Date _____

Please send completed form to Practicum Placement Officer

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