

The George Washington University School of Public Health and Health Services

**MPH CULMINATING EXPERIENCE  
STUDENT PERFORMANCE EVALUATION**  
*for use by practicum-culminating experience preceptors*

*Thank you for taking the time to supervise and evaluate this student. Your evaluation will be weighed when grading the student's practicum-culminating experience. We strongly encourage you to discuss your assessment of the student's performance directly with the student.*

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

Name of Preceptor: \_\_\_\_\_ Title: \_\_\_\_\_

Preceptor's e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Office and mailing address: \_\_\_\_\_

***Please return this evaluation to:***

***Students whose last names begin with A-L, send to:***

Amanda D. Castel, MD, MPH, Practicum Director, Department of Epidemiology  
2100-W Pennsylvania Avenue, NW, 8<sup>th</sup> Floor, Washington, DC 20037  
Tel: (202)994-8325; Fax: (202)994-0082; Email: [sphaxc@gwumc.edu](mailto:sphaxc@gwumc.edu)

***Students who last names begin with M-Z, send to:***

Ann S. Goldman, M.P.H., Practicum Director, Department of Epidemiology  
2100-W Pennsylvania Avenue, NW, 8<sup>th</sup> Floor, Washington, DC 20037  
Tel.: (202)994-4581; Fax: (202)994-0082; Email: [sphasg@gwumc.edu](mailto:sphasg@gwumc.edu)

**PART I: CONTACT WITH THE STUDENT**

*Student projects vary in scope of work, duration, and level of supervision. Some preceptors know the student through other work and projects; others do not. The following questions will help us understand your level of involvement with this student.*

How long have you known the student? \_\_\_\_\_

Have you worked with this student outside of this practicum-culminating experience? Yes  
No

How many times did you discuss this project with the student? only 2 to 5 more than  
(including in person, on the phone or via e-mail) once times 5 times

Was the student working on site? Yes No

If yes, how many hours a week? \_\_\_\_\_

Did the student consult with you while developing the project proposal? Yes No

Did you read drafts of the student's final paper?	Yes	No			
If yes, how much guidance did you provide on the paper?	no comments given	very little	a lot	very extensive	
Did you read or see a practice session of the student's final presentation?		Yes	No		
If yes, how much guidance did you provide on the presentation?	no comments given	very little	a lot	very extensive	

**PART 2: PERFORMANCE EVALUATION**

5 = Superior Accomplishments  
4 = Commendable  
3 = Competent  
2 = Requires Improvement  
1 = Unsatisfactory  
NA = Not Applicable

*Please base your evaluation on the student's performance on this particular project. Use the scale above to rate the student on each area. Your written comments are a very valuable part of the evaluation; use specific examples whenever possible.*

**UNDERSTANDING OF THE PUBLIC HEALTH CONTEXT OF THE PROJECT**

Consider the student's understanding of: the practicum-culminating experience topic; the target population for the project; and, the nature of the problem and/or relevant risk factors.

Comments:

**RESEARCH AND PROGRAM SKILLS**

Consider the student's ability to: conceptualize the questions; select and apply the appropriate methods to achieve the objectives (instruments, etc.); and, analyze information and interpret results.

Comments:

**COMMUNICATION SKILLS**

Consider the student's skills in: general oral communication; writing; visual presentation of data and information; and, oral presentation.

Comments:

**PROFESSIONAL CHARACTERISTICS**

Consider the student's: reliability; professional maturity/judgment; initiative; ability to seek advice appropriately; response to feedback/ability to accept criticism; ability to work as part of a team; ability to work independently; organizational skills; and, ability to meet deadlines.

Comments:

**OVERALL QUALITY OF WORK ON THIS PROJECT**

Have you discussed this evaluation with the student? Yes No

If no, would you be willing to let the student read this evaluation? Yes No

What letter grade would you recommend the student receive on the Culminating Experience?

- A
- A-
- B
- B +
- B-
- C

Evaluator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your work with the student and for taking the time to fill out this evaluation. Concerns or questions about the practicum-culminating experience process, this evaluation, or this student should be directed to the practicum-culminating experience director listed on the first page of this form.*