

**The George Washington University  
School of Public Health and Health Services**



***Final Site Preceptor Evaluation of Student and Practicum***

[Student will receive responses to questions A-D]

**Student:**

- A. Please evaluate the student's performance throughout the Practicum. Evaluate each item using the following scale of 1-5.

*\* Student should obtain a score of 3-5 in 9 out of 13 items to receive credit.*

Rating scale:				
1=unacceptable	2=poor	3=acceptable	4=good	5=excellent

**Professional**

	1	2	3	4	5
1. Was reliable (attendance, punctuality, etc.)					
2. Demonstrated appropriate professional behavior					
3. Was motivated and demonstrated initiative, as needed					
4. Worked independently, as needed					
5. Completed projects in a timely manner					
6. Demonstrated the ability to solve problems effectively					

Comments:

**Interpersonal**

	1	2	3	4	5
7. Expressed ideas effectively in oral communications					
8. Expressed ideas effectively in writing					
9. Worked well with others					
10. Solicited and/or Accepted feedback and utilized suggestions					

Comments:

**Knowledge and Skills**

	1	2	3	4	5
11. Acquired the level of knowledge necessary to perform the project					
12. Used available resources to complete the practicum					
13. Demonstrated the ability to transfer public health knowledge and skills to address practical issues					

Comments:

B. Did the student meet the learning objectives stipulated in the Student Practicum Plan?

Learning Objective	Credit/No credit/ N/A	Comment
*No more than 5	*Check one	*If check No Credit or N/A, must add comment/rationale

C. What is your assessment of the student's overall work performance?

D. In what areas do you think the student improved during the practicum?

E. Would you give the student \_\_\_\_\_ Credit or \_\_\_\_\_ No Credit for the practicum overall?

F. Would you be willing to support another SPHHS student in a practicum?

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
 Site Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_  
 SPHHS Practicum Director signature \_\_\_\_\_ Date \_\_\_\_\_  
 SPHHS Academic Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

[The following comments will go to the Practicum Director and Coordinator, Student will not receive]

**Support by SPHHS:**

- G. What kind of support did you, as a site preceptor, need or expect from SPHHS (e.g. preceptor training, guidance during the practicum)?
- Was the support adequate to meet your needs?

**Website:**

- H. Please evaluate the Practicum Website. Evaluate each item using the following scale of 1-5.

Rating scale:				
1=unacceptable	2=poor	3=acceptable	4=good	5=excellent

	1	2	3	4	5
Able to access site					
Links worked					
Ease of navigation					
Technical support					
Matching process (e.g. students were matched well for your needs)					