



**FORM 3A: SPH 297 MPH Practicum Draft Report Evaluation
(by Practicum Site Preceptor)**

MPH Student: _____

Practicum Site Preceptor: _____

Practicum Report Evaluation

To the Practicum Site Preceptor: Please review the various sections of the practicum report with your advisee. Please comment on strengths and weaknesses and ways in which the report can be strengthened.

Practicum Sections

Executive Summary

Introduction, including background

Objectives

Methods or specific activities

UC DAVIS
PUBLIC HEALTH

**FORM 3A: SPH 297 MPH Practicum Draft Report Evaluation
(by Practicum Site Preceptor)**

Results (e.g., educational materials developed)

Discussion (including conclusions and recommendations)

Acknowledgments

References

Preceptor Comments, Concerns, Recommendations:

Practicum Site Preceptor Signature: _____ ***Date:*** _____

MPH Student Signature: _____ ***Date:*** _____