



**FORM 3B: SPH 297 MPH Practicum Draft Report  
Evaluation (by UCD Faculty Advisor)**

MPH Student: \_\_\_\_\_

UCD Faculty Advisor: \_\_\_\_\_

***Practicum Report Evaluation***

**To the UCD Faculty Advisor:** *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***

**UCDAVIS**  
**PUBLIC HEALTH**

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*Results (e.g., educational materials developed)*

*Discussion (including conclusions and recommendations)*

*Acknowledgments*

*References*

*Preceptor Comments, Concerns, Recommendations:*

**UCD Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MPH Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_