

UCDAVIS
PUBLIC HEALTH SCIENCES

**FORM 5: SPH 297 MPH Practicum Evaluation
(of the Practicum Experience by the MPH Student)**

MPH Student: _____ Date: _____

Project Title: _____

UCD Faculty Advisor: _____

Practicum Preceptor: _____ Site: _____

Practicum Evaluation

Please evaluate the MPH Practicum experience. We will be grateful to receive any suggestions that will help us to improve this experience for future MPH students.

Project (address strengths and limitations):

Experience with Practicum Site and Preceptor(s) (address strengths, limitations, and specific suggestions for improvement):

Experience with UCD Faculty Advisor (address strengths, limitations, and specific suggestions for improvement):

Other Comments (strengths, limitations, and specific suggestions for improvement):