

Field Experience Agreement

Part 1 -- General Information

Student Information

Name: _____	Student I.D. _____
Email: _____	
Sub-Plan (Check all that apply):	<input type="checkbox"/> Environ Health <input type="checkbox"/> Ind Hygiene <input type="checkbox"/> Genetics
	<input type="checkbox"/> Hazard Substances <input type="checkbox"/> Occ & Env Epid <input type="checkbox"/> Global Health
	<input type="checkbox"/> Human Nutrition <input type="checkbox"/> Toxicology <input type="checkbox"/> Womens Rep Hlth

Faculty Advisor Information

Name: _____	Telephone: _____
Email: _____	

Sponsor Information

Preceptor Name: _____	Telephone: _____
Email: _____	Fax: _____
Organization Name: _____	
Address: _____	

Field Experience Information

Placement Title: _____
General Description of Activities: _____

Human Subjects Information and HIPPA

Are you working with human subjects in any way?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, have you initiated an IRB (Institutional Review Board) application for your experience?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Status of the IRB Application:	<input type="checkbox"/> in preparation <input type="checkbox"/> pending <input type="checkbox"/> approved <input type="checkbox"/> denied

Student Signature

Date

Faculty Signature

Date

→ form continues on next page

Part 2 – Placement Objectives and Competencies Statement

Title:

Field Placement Objectives:

<u>Competency</u>	<u>Learning Objective</u>	<u>Task/Activity</u>

Student Signature

Date

Faculty Signature

Date

Submit Field Experience Agreement with signatures to the EHS Field Experience Coordinator (Susan Crawford, 6655 SPH Tower, Email: sac@umich.edu).

Preceptor Field Experience Evaluation

We hope you will take time to answer each question carefully. This evaluation is essential because the field experience is an important aspect of the academic program. Your comments are important in making the field program effective. Answer the questions as they apply to your experience with the field program and faculty advisor. Number 5 represents the highest score (i.e., always, outstanding, etc.); Number 1 lowest score (i.e., never, poor, etc.). N/A "not applicable or relevant." **Submit Preceptor Field Experience Evaluation to the EHS Field Experience Coordinator (Susan Crawford, 6655 SPH Tower, University of Michigan, 109 South Observatory, Ann Arbor, MI 48109). FAX No. (734) 936-7283.**

STUDENT NAME: _____

How well the student demonstrated skills in the following areas:

	N/A	1	2	3	4	5
1. Planning and/or implementing a health education program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge of environmental health sciences principles and theories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assessing needs of the targeted population, where relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Designing or selecting appropriate intervention activities, where relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Designing and/or implementing an evaluation plan, where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Providing consultation, training, and/or technical assistance, where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Coordinating resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Identifying/analyzing policies with implications relevant to the particular internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Facilitating committee and group efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well the student demonstrated mastery of the skills necessary to

10. Express ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Work with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Work with community/lay people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Work with different groups of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluate the student's professional and personal characteristics (as relevant) in light of the following categories:

16. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Initiative/motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ability to organize time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following items

21. Any particular strengths or weaknesses he/she observed in the student during the internship

22. Any improvements noticed in the student's performance over the course of the internship

23. Overall quality of work

24. Whether this student would be recommended for a position in a similar organization

25. Would you participate in the field experience program in the future

26. Please make recommendations and suggestions for improving interaction with the University

Preceptor (printed)

Signature

Date

Student Field Experience Evaluation

STUDENT NAME (printed): _____ **SUB-PLAN:** _____

Signature of Student: _____

We hope you will take time to answer each question carefully. Your evaluation is essential because the field experience, like other courses, is continually reviewed and evaluated to make it more effective. Answer the questions as they pertain to your field experience. Check the number that best represents your reaction to the question. 5 represents the highest score (i.e., always, outstanding) and 1 is the lowest score (i.e., poor, never).

STUDENT EVALUATION OF FIELD SITE

1.	Was the field site prepared for you and were you briefed on program requirements and field advisor's responsibilities?	1	2	3	4	5
2.	Did you accomplish your objectives	1	2	3	4	5
3.	Was field site written assignment(s) required or reports made clear?	1	2	3	4	5
4.	Did the assignment(s) assist you integrating academic learning with professional practice?	1	2	3	4	5
5.	Did you learn about other aspects of professional practice?	1	2	3	4	5
6.	Over what time period did your field experience take place?					
7.	How many hours did you work per week?					
8.	How many total hours did you work?					
9.	Were you paid at the field site?	Yes	No			
10.	If paid, what was your gross monthly pay?					
11.	Is the sponsor taking additional students?	Yes	No			
12.	Comments and recommendations regarding improvement of the placement.					

Attach Field Experience Abstract

Attach Field Experience Summary Report

Field Experience Approved: _____ **Faculty Advisor** _____

(date)

(signature)

Submit Student Evaluation with signatures to the EHS Field Experience Coordinator (Susan Crawford, 6655 SPH Tower, Email: sac@umich.edu).