

FIELD PRECEPTOR EVALUATION OF STUDENT PERFORMANCE

Student Name _____

Instructions: 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 and the faculty advisor provides the link between the field site and the university. Your comments are important in making the field program effective. Please check a box or answer the questions as they apply to your experience with the field program and faculty advisor. Number 1 represents the highest score (i.e., excellent/always, etc.); 5 lowest score (i.e., never, poor, etc.)

1 - Excellent / Always
 2 - Good / Often
 4 - Acceptable/Usually
 4 - Fair / Sometimes
 5 - Poor/ Rarely
 Not Applicable

How well the student demonstrated skills in the following areas:

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

How well the student demonstrated mastery of the skills necessary to:

- | | | | | | | |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. Express ideas verbally | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 2. Express ideas in writing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 3. Work independently | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |

How well the student demonstrated skills to collaborate:

- | | | | | | | |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. With other professionals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 2. With community/lay people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 3. With different groups of people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |

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

- | | | | | | | |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. Responsibility | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 2. Initiative/motivation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 3. Creativity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 4. Ability to organize time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |
| 5. Flexibility | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> na |

Please comment on the following items:

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

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

3. Overall quality of work

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

5. Would you participate in the field experience program in the future?

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

Signature _____ Date _____

Please mail to Susan Crawford, EHS, School of Public Health, 109 Observatory, Ann Arbor, MI 48109-2029

Thank you for your participation!