

Preceptor Evaluation of Student

170:299 – The Practicum Experience

Student Name _____

Preceptor Name _____

Date _____

	Disagree	Neutral	Agree
Student met my expectations for this experience.	1	2	3
The proposed project was completed adequately.	1	2	3
Student demonstrated the knowledge and skills necessary for the practicum.	1	2	3
Communication was adequate to ensure a productive experience.	1	2	3
I developed a professional working relationship with the student.	1	2	3
The student maintained a professional demeanor in the workplace.	1	2	3
The student took responsibility for his/her own learning.	1	2	3

Comments: _____

I would be willing to work with other practicum students in the future. Yes No (circle one)

Other Potential Projects: _____

Please submit form to: Practicum Course Faculty, 5202 Westlawn, Iowa City, IA 52242, or mph-practicum@uiowa.edu