

MPH/MTM&H Independent Project Pre-Proposal Form

Date _____

Name of graduate student _____
(indicate graduate degrees and, for military members, rank, corps, branch of service)

Name of academic advisor _____

Name of project mentor _____

MPH area(s) of concentration _____

If in a residency program, specify which one _____

Anticipated year of graduation _____

The research question (draft): _____

Your project's public health significance: _____

Brief description of your study / project: _____

Estimated timeline for project deliverables:

Signature of Graduate Student

Date

Signature of Academic Advisor

Date

Signature of Project Mentor

Date

Record of MPH Practicum Experience

Name of Graduate Student _____ Date _____

Practicum Site

Name of Agency/Organization _____

Address _____

Specific Department, Division, Unit or Program with which the student will be associated

Site Preceptor (individual who will directly supervise the student)

Name _____

Title _____

Phone # _____ Fax # _____ E-mail _____

Period of practicum experience (dates agreed upon by the organization and the student)

From _____ to _____

Indicate day of each week and hours scheduled for this practicum

**BRIEF DESCRIPTION OF PRACTICUM WITH ESTIMATED TOTAL HOURS AND
A TIMELINE FOR COMPLETION**

Description of Activities/Timeline

Learning Objectives (minimum of 3):

Is the practicum part of your independent project? Yes _____ No _____

If yes, provide the title of your project or briefly describe:

Remember to register for PM0670, “Public Health Practicum” (3 credits), for the quarter in which you plan to complete your practicum.

The undersigned agree with the proposal for a USUHS graduate student practicum experience as outlined in this document:

Graduate Student Signature

Date

Practicum Site Preceptor Signature

Date

Academic Advisor/Project Mentor Signature

Date

Certification of Completion of the Practicum Experience

Date of completion _____ Grade (Pass/Fail) _____

Director, Graduate Research and Practicum Programs, Signature

Date

USUHS MPH PRACTICUM PROGRAM

PRACTICUM SITE EVALUATION

Graduate Student Name: _____ Date: _____

Project Mentor (if project and practicum are integrated): _____

Practicum Site Coordinator (primary point of contact): _____

Practicum Site Preceptor (primary supervisor): _____

To the Student:

Please use this form to evaluate your practicum experience. Your response will help both the Practicum Site Preceptor and the Director, Graduate Research and Practicum Programs, to monitor the quality of the practicum experience at this particular site and to assess and improve the program content in accordance with the goals of the program. Your honest evaluation is much appreciated.

On the back of this form, please add comments to clarify or support your responses.

MARKING INSTRUCTIONS: Using the following scale, circle the response that best represents your assessment of this practicum experience:

1 = Disagree Strongly 2 = Disagree 3 = Agree 4 = Agree Strongly N/A = Not Applicable

- | | | | | | |
|---|---|---|---|---|-----|
| 1. Orientation to the agency or site was adequate. | 1 | 2 | 3 | 4 | N/A |
| 2. The agency provided the agreed upon resources for meeting the learning objectives. | 1 | 2 | 3 | 4 | N/A |
| 3. The preceptor and staff were knowledgeable and experienced. | 1 | 2 | 3 | 4 | N/A |
| 4. The staff were helpful and supportive. | 1 | 2 | 3 | 4 | N/A |
| 5. Opportunities for discussion with the preceptor and staff were adequate. | 1 | 2 | 3 | 4 | N/A |
| 6. Appropriate supervision was provided during the practicum activity. | 1 | 2 | 3 | 4 | N/A |
| 7. The practicum experience met my overall expectations. | 1 | 2 | 3 | 4 | N/A |
| 8. The practicum experience met my learning objectives. | 1 | 2 | 3 | 4 | N/A |
| 9. The tasks I was assigned were commensurate with my capabilities. | 1 | 2 | 3 | 4 | N/A |
| 10. Opportunities were provided to apply knowledge and skills acquired from the MPH core courses. | 1 | 2 | 3 | 4 | N/A |
| 11. The practicum was well organized, with efficient use of scheduled time. | 1 | 2 | 3 | 4 | N/A |
| 12. I recommend that this site be considered for future practicum placements. | 1 | 2 | 3 | 4 | N/A |

Use this section for additional comments on items 1-12.

What was the most important thing that you learned from this practicum experience?

What did you like best about this practicum experience?

What did you like least about this practicum experience?

Describe any barriers you experienced in completing your MPH practicum.

Please provide suggestions for changes/improvements to your specific practicum activity or to the practicum program in general.

Please give the following program components an overall rating according to the following:

1=poor, 2=fair, 3=neutral, 4=good, 5=excellent

Practicum Site	1	2	3	4	5
Site Preceptor	1	2	3	4	5
USUHS Program Support	1	2	3	4	5

Thank you for your assistance in optimizing the quality of this program.

USUHS MPH PRACTICUM PROGRAM
STUDENT PERFORMANCE EVALUATION

Name of Graduate Student: _____ Date: _____

Name of Practicum Site (organization, agency, or installation):

Practicum Site Preceptor (primary supervisor): _____

Other Point(s) of Contact: _____

To the Practicum Site Supervisor:

Please use this form to evaluate the performance of the above named graduate student. Your response will help the Director, Graduate Research and Practicum Programs, to assess the overall performance of USUHS graduate students placed at various practicum sites, as well as to assign pass/fail credit to individuals for the required course, "Public Health Practicum." Our goal is to optimize the learning experience for USUHS graduate students, as well as to contribute to the overall mission of host organizations by placing consummate public health professionals into those operational environments.

On the back of this form, please add comments to clarify or support your responses.

MARKING INSTRUCTIONS: Using the following scale, circle the response that best represents your perception of the abilities or behaviors demonstrated by the student:

1 = Disagree Strongly 2 = Disagree 3 = Agree 4 = Agree Strongly N/A = Not Applicable

The graduate student in the practicum program:

- | | | | | | |
|---|---|---|---|---|-----|
| 1. Demonstrated the ability to articulate his/her goal(s) for the practicum experience in order to develop learning objectives. | 1 | 2 | 3 | 4 | N/A |
| 2. Was knowledgeable and well-prepared. | 1 | 2 | 3 | 4 | N/A |
| 3. Demonstrated the ability to implement a planned course of action to meet the agreed upon learning objectives. | 1 | 2 | 3 | 4 | N/A |
| 4. Demonstrated the ability to adapt to the organization's procedures and culture. | 1 | 2 | 3 | 4 | N/A |
| 5. Was respectful and courteous in his/her interactions with colleagues, support staff, or the general public. | 1 | 2 | 3 | 4 | N/A |
| 6. Worked effectively within groups. | 1 | 2 | 3 | 4 | N/A |
| 7. Demonstrated effective time management skills. | 1 | 2 | 3 | 4 | N/A |
| 8. Demonstrated effective oral communication skills. | 1 | 2 | 3 | 4 | N/A |
| 9. Demonstrated effective written communication skills. | 1 | 2 | 3 | 4 | N/A |
| 10. Demonstrated the ability to contribute to the assessment or understanding of a public health problem or issue. | 1 | 2 | 3 | 4 | N/A |

11. Met the agreed upon learning objectives.

1 2 3 4 N/A

Please use this section for additional comments on items 1-11.

Please provide any suggestions for changes/improvements to this program.

**Would you be willing to be a practicum site preceptor for other MPH students from
USUHS in the future?**

Yes _____ No _____

Signature of Site Preceptor

Date

Thank you for your assistance in optimizing the quality of this program.