Field Supervisor Evaluation of Practicum Student
Boston University School of Public Health

This form evaluates the student's performance throughout the practicum experience.

Instructions:
- *The Field Supervisor should complete this form at the end of the practicum.*
- *Please review this with the student before submitting the completed evaluation to the Practice Office.*

Field Supervisor: _____   **Agency/Organization:** _____

Student: _____   **Start/End Date of Practicum**: _____

****

How many practicum work hours did the student complete? _____

Please evaluate the student's performance throughout the practicum.

	Excellent	Adequate	Needs Improvement	N/A
Attendance/Punctuality				
Cooperation/Teamwork				
Problem Solving				
Dependability				
Professionalism				
Initiative/Motivation				
Adaptability/Flexibility				
Ability to Accept Feedback				
Communication Skills				
Cultural Competency				
Basic Public Health Skills				
Policy Development				
Program Planning				
Leadership Skills				

Did the student successfully complete the Scope of Work as outlined in the Learning Contract?

What are the strengths of the student as a public health professional?

What recommendations for professional development do you have for the student?

Do you feel that the total hours designated for the student's practicum were sufficient in meeting your agency's needs?

Any other recommendations/comments/concerns?

Is your agency interested in working with future BUSPH Practicum students? Yes_____ No_____

- If yes, please send position descriptions to Laura Rabin at lrrabin@bu.edu.
- The best time to recruit BUSPH Practicum Students is before each academic semester:

Semester	Best Recruitment
Fall	July-September
Spring	November-January
Summer	April-June

Signatures

Field Supervisor: _____ **Date:** _____

Student: _____ **Date:** _____

Practice Office: _____ **Date:** _____