

University of Arkansas for Medical Sciences Fay  
W. Boozman College of Public Health

CULMINATING EXPERIENCE EVALUATION FORM

Instructions:

When the student has completed his/her culminating experience project please complete and sign this form and return it as instructed at the bottom of page 3.

If you are willing to serve as a reference for this student, please attach a letter of reference/recommendation. The letter will remain in the student's file for a period of one year and will serve as a support document for employment or fellowship searches.

Student's Name: \_\_\_\_\_

Dates of Culminating Experience: \_\_\_\_\_ to \_\_\_\_\_

Evaluation Prepared by (CEPAC Chair): \_\_\_\_\_

Please rate the student's performance in each category according to the rating scale shown.

Performance Dimension	Not Applicable	Poor	Fair	Good	Very Good	Excellent
<b>1. Communication</b>						
• Oral	0	1	2	3	4	5
• Written	0	1	2	3	4	5
• Presentation Skills	0	1	2	3	4	5
<b>2. Knowledge of healthcare or public health environment</b>						
	0	1	2	3	4	5
<b>3. Ability to apply academic preparation to project setting</b>						
	0	1	2	3	4	5
<b>4. Ability to work independently</b>						
• Asks appropriate questions	0	1	2	3	4	5
• Knows own limitations and seeks assistance when appropriate	0	1	2	3	4	5
<b>5. Teamwork Ability</b>						
• Can communicate and listen to ideas of others	0	1	2	3	4	5
• Completes assigned group tasks	0	1	2	3	4	5
• Values ideas and contributions of others	0	1	2	3	4	5
<b>6. Initiative</b>						
• Willingness to undertake new tasks	0	1	2	3	4	5

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<b>Performance Dimension</b>	<b>Not Applicable</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
• Desire to learn	0	1	2	3	4	5
<b>7. Professionalism</b>						
• Reports to work on time	0	1	2	3	4	5
• Displays professional demeanor	0	1	2	3	4	5
• Commitment to the capstone as career development	0	1	2	3	4	5
• Demonstrates interest in his/her own development	0	1	2	3	4	5
<b>8. Overall satisfaction with student</b>	0	1	2	3	4	5

9. Did the student fully complete all project requirements? If no, please explain:

10. How well did the student accomplish the learning objectives as linked to the competencies and activities set forth in the Culminating Experience Plan?

11. What were the student's strengths during this project? What skills or abilities are very strong?

12. What are the student's weaknesses? What skills or abilities need improvement?

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13. What additional courses or experiences would you recommend for the student's continued development?

14. Describe the contribution the student made to your department/organization.

Additional Comments:

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The Culminating Experience Plan listed the competencies below as ones to be addressed by the student during the Culminating Experience. Based on the student's performance, please rate your assessment of his/her proficiency in each competency using the rating system below.

Competency Addressed	Novice	Advanced Beginner	Competent	Proficient	Expert
[list each competency to be addressed in this table]	0	1	2	3	4

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CEPAC Chair Signature

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Date of Signature

PLEASE RETURN THIS FORM TO:

B. Marie Walker, M.A.

Public Health Practice Coordinator

Office of Student Affairs

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