

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

APPLIED PRACTICE EXPERIENCE SITE PRECEPTOR EVALUATION FORM

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 the Applied Practice Experience:

to

Evaluation Prepared by (Practice Preceptor):

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
1. Communication						
• Oral	0	1	2	3	4	5
• Written	0	1	2	3	4	5
• Presentation Skills	0	1	2	3	4	5
2. Knowledge of healthcare or public health environment	0	1	2	3	4	5
3. Ability to apply academic preparation to practice experience setting	0	1	2	3	4	5
4. Ability to work independently						
• Asks appropriate questions	0	1	2	3	4	5

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<ul style="list-style-type: none"> Knows own limitations and seeks assistance when appropriate 	0	1	2	3	4	5
5. Teamwork Ability						
<ul style="list-style-type: none"> Can communicate and listen to ideas of others 	0	1	2	3	4	5
<ul style="list-style-type: none"> Completes assigned group 	0	1	2	3	4	5
<ul style="list-style-type: none"> Values ideas and contributions of others 	0	1	2	3	4	5

Performance Dimension	Not Applicable	Poor	Fair	Good	Very Good	Excellent
6. Initiative						
<ul style="list-style-type: none"> Willingness to undertake new tasks 	0	1	2	3	4	5
<ul style="list-style-type: none"> Desire to learn 	0	1	2	3	4	5
7. Professionalism						
<ul style="list-style-type: none"> Reports to work on time 	0	1	2	3	4	5
<ul style="list-style-type: none"> Displays professional 	0	1	2	3	4	5
<ul style="list-style-type: none"> Commitment to the practicum as career 	0	1	2	3	4	5
<ul style="list-style-type: none"> Demonstrates interest in his/her own development 	0	1	2	3	4	5
8. Overall satisfaction with student	0	1	2	3	4	5

9. Did the student complete the 200-clock hour requirement? If no, please explain:

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

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11. What are the student's strengths? What skills or abilities are very strong?

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

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

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

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Additional Comments:

The Applied Practice Experience Plan listed the competencies below as ones to be addressed by the student during the Practice 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

Applied Practice Experience Preceptor's Signature

Date

Applied Practice Experience Site Preceptor Evaluation Form

PLEASE RETURN THIS FORM TO:

B. Marie Walker, M.A.

Public Health Practice Coordinator

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