

**Progress Report**

**Louisiana State University Health Science Center  
School of Public Health**

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**Mid-semester, complete this form then have your preceptor review and sign the form. Submit the completed and signed form to the practice experience dropbox.**

**Student Name**

**Academic Program**

**Briefly describe your progress to date.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Preceptor Section**

**Select One**

- Please have the School of Public Practice Experience Coordinator contact me.
- I do not need to consult with the Practice Experience Coordinator at this time.

**Check to Confirm**

I have reviewed the student's work

**Preceptor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_