

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF PUBLIC HEALTH**

**Practice Experience Progress Report**

At mid-semester, the student must complete this form, have their preceptor review and sign the form, and return form to SPH Practice Experience Office. The due date is posted on Moodle.

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

Academic Program:     BCBS     BIOS     ENHS     EPID     HPSM

Briefly describe your progress to date. If your objectives have changed, attach a copy of your revised objectives.

---

I have reviewed the student's work.

*Choose One:*

- Please have the SPH Practice Experience office contact me.
- I do not need to consult with the Practice Experience office at this time.

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

---

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