

Student's Evaluation of Practice Experience

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

Student Name

Preceptor's Name

Preceptor's Organization/Agency

Actual Start Date

Actual End Date

Please assess your practice experience by selecting one option for each question.

Orientation

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Preceptor explained organizational goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor explained organizational structure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor explained organizational communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor explained interactions with partner entities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Preceptor/Mentor

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Preceptor provided guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor provided encouragement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor provided feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor provided direction to supplemental resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptor was accessible to student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Satisfied competencies stated on proposal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fulfilled learning objectives stated on proposal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieved project activities stated on proposal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided opportunities for networking and career advancement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project activities occurred in a safe environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project activities were public health in nature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule complemented (weekly/semester) school schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Student's Signature: _____ Date: _____