

University of Georgia College of Public Health

DrPH Program

Preceptor Final Evaluation of Student

Date: _____

Preceptor Name: _____

Student Name: _____

Preceptor Site: _____

Date(s): _____

Part I: Performance Evaluation on Subjective Parameters

Rate each aspect of the student's performance using the scale below:

- 5. Outstanding:** Performance consistently exceeds normally expected levels. Shows a high degree of proficiency in **ALL** aspects of performance.
- 4. High Average:** Performance frequently exceeds normally expected level. Shows a high degree of proficiency in certain aspects of performance.
- 3. Average:** Performance is consistently at normally expected, acceptable levels. No major areas of necessary improvement can be cited.
- 2. Weak:** Performance is inconsistent, meets minimum standards only periodically and/or only in certain areas.
- 1. Poor:** Performance is consistently below an acceptable level. Immediate improvement is required.
- N/A Did Not Observe:** The student's activities have not included an opportunity to practice a particular skill.

Attitude, Initiative, Professional Disposition, Communication and Appearance	1	2	3	4	5
1. Dependability					
2. Self-Reliance					
3. Resourcefulness					
4. Flexibility					
5. Thoroughness					
6. Curiosity					
7. Personal Appearance					
8. Maturity					
9. Contributions at Meetings					
10. Oral Communications					
11. Written Communications					
12. Willingness to Accept Constructive Criticism					
13. Professional Disposition with Clients, Colleagues, Public and Management					

Part II: Skill and Knowledge Development

The student was able to effectively demonstrate the following Domains of Public Health Competency**

	1	2	3	4	5
1. Analytic Assessment Skills					
2. Policy Development/Program Planning Skills					
3. Communication Skills					
4. Cultural Competency Skills					
5. Community Dimension of Practice					
6. Basic Public Health Sciences Skills					
7. Financial Planning & Management Skills					
8. Leadership and Systems Thinking Skills					

**See Document from Council on Linkages Between Academia and Public Health Practice at

<http://www.phf.org/competencies.htm>

Part III: Performance and Knowledge Improvement Based on the 10 Essentials Public Health Services 10 Essential Public Health Services

Indicate if student exhibited behaviors at an aware, knowledgeable or proficient level.

Leave blank if not observed.

	Aware	Knowledgeable	Proficient
1. Monitor health status to identify community health problems			
2. Diagnosis and investigate health problems and health hazards in the community			
3. Inform, educate, and empower people about health issues			
4. Mobilize community partnerships to identify and solve health problems			
5. Develop policies and plans that support individual and community health efforts			
6. Enforce laws and regulations that protect health and ensure safety			
7. Link people to needed personal health services and assure the provisions of health care when otherwise unavailable			
8. Assure a competent public health care workforce			
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services			
10. Research for new insights and innovative solutions of health problems			

Part IV: General Appraisal of Student

Discuss strengths and weaknesses, level of achievement, willingness to devote time and energy, sense of purpose and commitment, etc.

Please describe any improvements you've noticed in the student's performance over the course of the residency.

Assuming you had a position available; would you hire the student or recommend this student to a colleague with an available position? (Check appropriate response)

Highly Recommend

Recommend without Reservations

Recommend with Reservations (please explain)

Would NOT Recommend (please explain)

Signature of Preceptor: _____ Date: _____

- Electronic Signature: By checking this box, I am certifying that I have evaluated this student and have discussed the evaluation with the student.

To The Student:

Your signature below indicates neither agreement nor disagreement with the evaluation, but it does indicate that you have read the evaluation and it has been discussed with you. If you wish, you may comment in the space below.

Signature of Student: _____ Date: _____

- Electronic Signature: by checking this box I am certifying that the paragraph above is true.

Student Comments: