

PRACTICE EXPERIENCE PLANNING FORM
UNIVERSITY of MASSACHUSETTS AMHERST
SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Form I
Practice Experience Planning Form

Name of Student: _____

Local Address: _____

E-mail: _____

Student's Department: _____

Dates of Proposed Training: _____

Faculty Advisor: _____

1. What type of educational or professional experience are you seeking during your practicum? Is there a specific content area of interest (environmental, occupational, communicable disease, cancer, reproductive, nutritional, etc.)?

2. List at least six competencies that you expect to achieve during your practicum. Examples of typical practice experience outcome competencies:

- *Apply occupational hygiene risk assessment methods in exposure assessments.*
- *Evaluate the effectiveness of a community health program.*
- *Assist in the design of an epidemiological study.*
- *Assist in the analysis of a public health data set.*
- *Assist in the analysis of public health surveillance data.*
- *Participate in field activities associated with a public health research or surveillance*

3. What type of organization or setting do you want to work in that will provide you with the kind of educational & professional experiences you would like (hospital, health department, research group, federal agency, etc.)?

Are there any geographical needs or preferences regarding the location of your placement?

Do you have transportation available?

YES NO

5. Although we try to arrange compensation for all students, it is not always possible. Is your need for financial compensation: (absolutely necessary, highly desirable, or desirable)?

6. Are there any other special considerations that should be taken into account?

7. Detail earlier jobs you have held, highlighting any health related experience. Also indicate any interviewing, data collection or abstracting, data management, computer knowledge and/or data analysis experience (include experience here in School/Department).

Student Signature: _____

Date: _____

Faculty Advisor Signature: _____

Date: _____

(Faculty signature indicates approval of the planning process.)

Form II
Practicum Contract between Student and Agency

Student information

Name _____ Phone _____
Address _____
Email _____
Degree program _____ Dept/Concentration (please circle):
BIO CHE EPI EHS HPM NUTR PHP Worcester MPH
Faculty Advisor _____
Semester and year of internship/field placement _____

Field supervisor for the Practicum

Name & Title of On-site Supervisor _____
Phone _____
Agency Name _____
Address _____
Email _____

Alternate supervisor (if necessary)

Name _____ Phone _____

Practicum Administration:

Dates of Practicum: Start date: _____ End date: _____

Schedule of hours (hours and days each week): _____

Plan for interacting with your field supervisor: If you will not always be working alongside your supervisor, please include a brief statement about how you will interact with your supervisor during the practicum (weekly, over the phone, for example...)

Description of Proposed work:

The School expects each student completing a practicum to have a meaningful public health experience in which they carry out a project useful to the organization that also provides an opportunity to refine their professional skills. Practice experiences are designed to promote professional development and afford the student the opportunity to

- Meet regularly with a field supervisor trained in a public health discipline that guides the experience and serves as a role model.
- Attend appropriate agency or institutional meetings and training sessions that provide the student with an opportunity to learn more about the organization and its public health mission.
- Discover additional skills to be developed and strengthened.
- Recognize the political context within which health activities are conducted.
- Acquire job references from health professionals who can speak to the student's abilities in a practical context.

I agree with the goals of the practicum:

Student _____ Date _____
Faculty Advisor _____ Date _____
Field supervisor _____ Date _____

SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Form III

Practice Experience Student Report Form

Name of Student: _____

Student's Department: _____

Dates of Training: _____

Field Supervisor: _____

Supervisor's Title: _____

Agency, Organization, or Company: _____

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

What responsibilities and/or activities were assigned to you by the field supervisor?

To what extent did you implement and complete these assignments?

What activities did you develop on your own initiative?

Describe the amount and type of supervision/assistance received.

What kinds of opportunities (other than assigned duties) did you have to enhance your knowledge of the health field?

What public health knowledge and skills did you use during your practice experience?

What new public health knowledge and skills did you acquire during your practice experience?

What other useful knowledge and skills did you gain during your practice experience?

How might your practice experience have been improved?

What additional classroom knowledge might have been useful before your practice experience?

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

(Faculty signature indicates successful completion of the practice experience).

Form IV
Practice Experience Supervisor Report Form

Name of Student: _____
Student's Department: _____
Dates of Training: From: _____ To: _____ Total Weeks: _____ Hours/Wk _____
Field Experience Supervisor _____
Title: _____
Agency, Organization, or Company: _____
Address: _____
Telephone Number: _____
Facsimile Number: _____
E-mail Address: _____

Give a brief description of the experiences provided for the student by you and your organization.

What type of project did the student perform? Was it completed to your satisfaction and a report given to you?

a. How would you describe the performance of the student in the practice experience situation as compared to others you have supervised? Circle one:

Outstanding Above Average Average Below Average

b. Comment on the student's strengths and weaknesses concerning his/her practice experience.

What were the positive and/or negative aspects of the practice experience for you and/or your organization?

Are there any areas of our student's educational background that you feel could be added to, improved, or made more complete? What are these?

Do you have any recommendations regarding our intern placement policies?

Are you willing to have another University of Massachusetts student placed with you?

YES

NO

If yes, are you willing to supervise another student? YES

NO