Student One Month Evaluation of the Practicum Form
School of Public Health & Health Sciences
University of Massachusetts, Amherst

Student Information
Name: _______________________________
Title of Practicum (or location): _______________________________
Faculty Advisor: ________________________
Practicum Site Supervisor: ______________________
Semester and year of Practicum: ______________________

1. Describe and explain any changes in the goals, activities or schedules of your practicum. Also describe any changes made to the learning objectives you are working towards.

2. Describe how the practicum has been going, including successes and challenges. Include a description of progress related to attaining your learning objectives.

Student Signature: ____________________________Date: _______

SPHHS Practicum Coordinator Signature: ________________ Date: _____________

Submit the completed form to the SPHHS Practicum Coordinator