



UNIVERSITY OF MASSACHUSETTS AMHERST
School of Public Health & Health Sciences
Department of Health Promotion & Policy
Community Health Education

Arnold House, 715 North Pleasant St., Amherst, MA 01003

Scope of Work

A. General Information

Student

Name: _____ Phone: _____

Address: _____

Email: _____

Degree Program: _____ MPH _____ MS

Semester and Year of APE: _____

Faculty Advisor

Faculty Advisor: _____

Faculty Email: _____

Community Applied Practice Experience Field Site

Agency, Organization, or Company: _____

Address: _____

Phone: _____

Community Applied Practice Experience Field Site Supervisor

Name: _____ Phone: _____

Email: _____

B. Applied Practice Experience Goals and Objectives

Goal(s): The **overall goal** of your CAPE is successful completion of **at least one** of the following:

- Assessment, monitoring, or surveillance of a public health issue or public health service within a group, community, or population
- Development of public health objectives or priorities
- Primary or secondary research on community-based public health issues
- Development and/or implementation of public health policies and/or intervention strategies that meet public health needs

Objectives: The **specific objectives** of your CAPE are:

- To identify and apply **three foundational** competencies [See Appendix C: Foundational Competencies]
- To identify and apply **two concentration** competencies [See Appendix D: Community Health Education Concentration Competencies]

Describe the **overall goals** for your CAPE:

List your **three** foundational competencies:

1. _____
2. _____
3. _____

List your **two** concentration competencies:

1. _____
2. _____

I agree with the goals and objectives of the Community Applied Practice Experience:

Student: _____

Date: _____

Faculty Advisor: _____

Date: _____

Field Site Supervisor: _____

Date: _____



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**Community Applied Practice Experience
Midterm Progress Report Form**

Name:

Phone:

Address:

Email:

Degree Program:

_____ MPH

_____ MS

Semester and Year of CAPE:

Title of CAPE:

Faculty Advisor:

Field Site Supervisor:

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

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

Student: _____

Date: _____

Faculty Advisor: _____

Date: _____



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Field Site Supervisor Evaluation Form

Student Name:

Dates of CAPE:

Total weeks:

Hours per week:

Field Site Supervisor Name:

Agency:

Address:

Phone:

Email:

Instructions for Field Site Supervisor: Please provide a rating of the following statements, with a brief explanation of your responses.

1. The student’s Community Applied Practice Experience work was completed to my satisfaction.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

Please briefly explain your response:

2. The Community Applied Practice Experience work had positive impacts for me and/or my organization.

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

Please briefly explain your response:

3. The Community Applied Practice Experience work posed challenges for me and/or my organization.

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

Please briefly explain your response:

Field Site Supervisor Signature:

Date: _____

Once completed, please email the completed form to the student's Community Health Education faculty advisor: **University of Massachusetts Amherst, School of Public Health & Health Sciences, 715 North Pleasant Street, Amherst, MA, 01003.**

On behalf of the administration, faculty, and students in the Community Health Education MPH at UMass, thank you for sponsoring and supervising this student. We could not offer such a valuable experience without your participation, and it is very much appreciated by us all.

Thank you!