

**Department of Community Health Sciences
Masters of Public Health (MPH)**

Field Placement - Performance Appraisal

<p>Student Name: _____</p> <p>Field Placement Agency: _____</p> <p>Supervising Committee:</p> <p style="padding-left: 40px;">Agency Supervisor: _____</p> <p style="padding-left: 40px;">MPH/CHS Faculty Advisor: _____</p> <p>Others Involved In Supervising/Mentoring The Student: _____</p> <p>_____</p> <p>Placement Start Date: _____ End Date: _____</p>
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GENERAL GUIDELINES:

- The intent of the performance appraisal is one of education for the graduate student and to provide positive feedback on skill areas of strength and skills areas requiring further development.
- The performance appraisal should be provided by the Agency Supervisor to the graduate student at the conclusion of the field placement experience.
- The student, Agency Supervisor and MPH Committee are expected to sign the performance appraisal indicating their concurrence with or rejection of the evaluation.

AGENCY SUPERVISOR TO COMPLETE:

(1) Student understood the structure/policies/function of the agency and/or program:

Has Exceeded Requirement _____ Has not met Requirement _____
Has Met Requirement _____

Comments: _____

(2) Student participated as an effective team member:

Has Exceeded Requirement _____ Has not met Requirement _____
Has Met Requirement _____

Comments: _____

(3) Student made constructive suggestions and accepted constructive criticism:

Has Exceeded Requirement _____ Has not met Requirement _____
Has Met Requirement _____

Comments: _____

(4) Student has communicated the results of the field placement project(s) effectively to agency personnel:

Has Exceeded Requirement _____ Has not met Requirement _____
Has Met Requirement _____

Comments: _____

(5) Student completed all project requirements as per the Field Placement Agreement:

Has Exceeded Requirement _____ Has not met Requirement _____
Has Met Requirement _____

Comments: _____

SUPERVISORY COMMITTEE COMMENTS:

Agency Supervisor Comments: _____

Date: _____ Signed: _____
(Agency Supervisor)

Student Comments: _____

Date: _____ Signed: _____
(Student)

MPH Program Committee Comments: _____

Date: _____ Signed: _____
(MPH Program Committee)