



UNC CHARLOTTE
College of Health and Human Services

Master of Science in Public Health Program
MSPH NTERNSHIP EVALUATION BY PRECEPTOR

Thank you for your sponsorship of this intern. Please complete this evaluation form and return it to the MSPH Program (by mail, email, or fax).

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The information will be useful in preparing this student for future work and help us enhance the MSPH Program.

Student's Name: _____

Preceptor's Name: _____

Preceptor's Title: _____

Date: _____

Organization in which the Internship was served, including division/unit if applicable:

Intern Name: _____

Using the rating scale below, please circle the student's level of performance during the Internship experience on the criteria listed.

- 1 = Failed to meet expected performance level**
- 2 = Met expected performance level**
- 3 = Exceeded expected performance level**
- NA = Not applicable or unable to assess**

Criteria

Rating

1. Student met agreed-upon time commitment (minimum of 160 hours).	1	2	3	NA
2. Student was dependable and responsible in carrying out assignments and duties.	1	2	3	NA
3. Student functioned well within the organization.	1	2	3	NA
4. Student functioned well with community stakeholders and/or clients.	1	2	3	NA
5. Student was able to identify sources of data and information required for the internship experience.	1	2	3	NA
6. Student was able to analyze and/or synthesize data and information.	1	2	3	NA
7. Student completed the necessary background research.	1	2	3	NA
8. Student completed internship assignments/projects in the agreed-upon time frame.	1	2	3	NA
9. Student's written work was completed and well prepared.	1	2	3	NA
10. Student had the necessary knowledge and skills for this Internship.	1	2	3	NA
11. Student conducted him/herself in a professional manner.	1	2	3	NA
12. Student worked well with others.	1	2	3	NA

Using the rating scale below, please indicate the degree to which you agree the student's demonstrated level of competence during the Internship experience met your expectations.

My expectations were met for this student's ability to...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Unable to Assess
Leadership Create and communicate mutually-established project goals and objectives.	5	4	3	2	1	U/A
Communication Demonstrate the ability to give, solicit, and receive oral and written information.	5	4	3	2	1	U/A
Prepare relevant, integrated, and comprehensive written project report(s).	5	4	3	2	1	U/A
Use various communication methods and media to complete project activities.	5	4	3	2	1	U/A
Professionalism and Cultural Proficiency Demonstrate the ability to manage time and prioritize workload.	5	4	3	2	1	U/A
Display professionalism, sensitivity, and tact in an organizational/community setting	5	4	3	2	1	U/A
Interact productively with supervisors, colleagues, and community stakeholders.	5	4	3	2	1	U/A
Program Planning and Assessment Plan, manage, and monitor a project plan in order to meet established goals and deadlines.	5	4	3	2	1	U/A
Prepare a written proposal for project approval from internal and external sources.	5	4	3	2	1	U/A
Identify, collect, and analyze data for a practical public health issue or concern.	5	4	3	2	1	U/A
Systems Thinking Assess the roles and responsibilities within a public health organization.	5	4	3	2	1	U/A
Describe the interactions and inter-dependencies among various public health organizations.	5	4	3	2	1	U/A
Demonstrate and integrate knowledge of core public health concepts into a practice setting.	5	4	3	2	1	U/A
Evaluate experiential methods of instruction and learning.	5	4	3	2	1	U/A

Comments: Please provide comments on the following items:

1. Any of the previous criteria on which the student was rated as poor/failed to meet expected performance level:
2. Your overall impression of the student's work on this Internship experience.
3. Any areas where the student's academic preparation for assigned work could be improved.
4. How useful the Internship experience was for your organization.
5. Would you be willing to sponsor another intern from the UNC-Charlotte MSPH Program?

Preceptor's Signature: _____ Date: _____