

****This form is to be completed by the intern****

University of Florida
Master of Public Health Program

Agency and Preceptor Evaluation

Student Name: _____

Semester: Fall _____ Spring _____ Summer _____ Year _____

Agency: _____

Preceptor's Name, Credentials and Position Title:

5 = Excellent
4 = Good
3 = Average

2 = Below Average
1 = Poor
N/A = Not Applicable

Evaluation Items

1. Expression of expectations of intern	5	4	3	2	1	N/A
2. Expression of project goals and objectives	5	4	3	2	1	N/A
3. Provided tools for successful completion of the job	5	4	3	2	1	N/A
4. Ability to delegate appropriate tasks	5	4	3	2	1	N/A
5. Encouraged creative and independent thinking	5	4	3	2	1	N/A
6. Respect and concern for intern	5	4	3	2	1	N/A
7. Flexibility	5	4	3	2	1	N/A
8. Demonstrated leadership qualities	5	4	3	2	1	N/A
Overall contribution to the professional development of the intern	5	4	3	2	1	N/A
Overall rating of the preceptor	5	4	3	2	1	N/A
Overall rating of organization	5	4	3	2	1	N/A

Would you recommend this internship site to another student? _____ Why or Why Not?

Did this internship experience complement your public health training? _____ Why or Why Not?

Thank you for filling out this evaluation to the best of your ability. Your honesty assists in the assignment of appropriate internship sites for the MPH classes to come.

Please upload your completed form in the PHC 6601 Canvas site in the Evaluation by Intern Assignment.