



Icahn  
School of  
Medicine at  
**Mount  
Sinai**

Updated Fall 2017

**GRADUATE PROGRAM IN PUBLIC HEALTH  
APPLIED PRACTICE EXPERIENCE (APE)  
PRECEPTOR EVALUATION FORM**

Please complete and return to Christine Cortalano, Program Manager, Office of Public Health Practice.  
CAM Building, 17 E. 102 St., West Tower – 5th Floor Rm D5-141 [christine.cortalano@mssm.edu](mailto:christine.cortalano@mssm.edu)

The APE Postscript Report must be submitted to our office with this evaluation.

**Preceptor Name, Title & Credentials:**

**Preceptor Contact Information:**

**Student Name:**

**Student Mount Sinai Life Number:**

**Student Specialty Track:**

**Project Title:**

**Practice Site:**

(If Mount Sinai or NYC DOHMH,  
specify Department, Division, Bureau)

Did the student fulfill a minimum of 150 hours working on this APE?                      Yes                      No

Total number of hours that the student spent on the APE:

**EVALUATION OF STUDENT’S RESPONSIBILITIES**

Please provide an overview of the student’s responsibilities including service goals of the project.

**PLEASE LIST THE PUBLIC HEALTH CORE & TRACK SPECIFIC COMPETENCIES ADDRESSED DURING THIS APPLIED PRACTICE EXPERIENCE**

(See the Graduate Program in Public Health Student Handbook or [Program Competencies](#))

**Please use the following scale to evaluate the student's performance:**

5= Outstanding    4=Very Good    3=Average    2= Fair    1= Poor    N/A= Not Applicable (Please circle/highlight)

Ability to meet the learning objectives of the Practicum	5	4	3	2	1	N/A
Ability to achieve core & track-specific Program Competencies	5	4	3	2	1	N/A
Ability to demonstrate understanding of the concepts of public health	5	4	3	2	1	N/A
Ability to apply these public health concepts in a practical manner	5	4	3	2	1	N/A
Problem solving: identifying problems and actively developing solutions	5	4	3	2	1	N/A
Deliverables were thorough and complete	5	4	3	2	1	N/A
Reliability and dependability	5	4	3	2	1	N/A
Professional behavior	5	4	3	2	1	N/A
Initiative	5	4	3	2	1	N/A
Interpersonal communication skills	5	4	3	2	1	N/A
Overall performance	5	4	3	2	1	N/A

**STUDENT'S STRENGTHS**

Provide a list of the strengths the student exhibited during the Practicum.

**AREAS OF IMPROVEMENT**

Describe any areas where the student needs improvement.

**ANY ADDITIONAL INFORMATION / FEEDBACK FOR THE GRADUATE PROGRAM IN PUBLIC HEALTH:**

**PLEASE PRINT THIS DOCUMENT AND SIGN BELOW:**

Preceptor: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Student: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Specialty Track Advisor: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

Approved by the Graduate Program in Public Health Program Office:

Initials \_\_\_\_\_ Date \_\_\_\_\_