MASTER OF PUBLIC HEALTH PROGRAM
PRACTICUM POSTSCRIPT REPORT

Please complete and return to Ms. Rose Vallines, Administrative Assistant.
CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

Student Name: ___________________________________________________________
Specialty Track: ___________________________________________________________
Student Mount Sinai Life Number: __________________________________________

PRACTICUM INFORMATION

Practicum Title: _____________________________________________________________
Preceptor Name & Title: _____________________________________________________
Preceptor Contact Information: (address, phone, e-mail)
________________________________________________________________________
________________________________________________________________________

Preceptor: ____________________________    ___________________________    ___________
            Signature    Print           Date
Student: ____________________________    ___________________________    ___________
          Signature    Print           Date
Specialty Track Advisor: __________________________    _________________________    ___________
                Signature               Print             Date
Program Director: __________________________    _________________________    ___________
                Signature               Print             Date
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On a separate piece of paper to be attached to the preceding information page, please provide the following information:

- **Goal of Practicum**
  - Did it change from what you described in your proposal? If yes, why?

- **Community to be served**
  - Did the community/context change from what you described in your proposal? If yes, why?

- **Learning Objectives**
  - Did the objectives change? If yes, why?

- **Competencies**
  - Please review the Competencies (General and Track Specific) available in your student handbook and on-line and list which competencies were covered by this experience.
  - Did your experience in competencies change from what you initially anticipated? If so, why?

- **Service Objectives**
  - Did this project provide a direct or indirect service to the community/context in which it took place?
    - If yes, please describe how.
  - Do you believe that you accomplished the expected service objectives you set out to provide?

- **Duration of Practicum**
  - Provide actual start and end dates, number of days you worked each week, and the number of hours each day.

- **Follow-up**
  - Was this a good experience? On a scale of 0 to 5 where 0 = a completely awful experience and 5 = outstanding, how would you rate your Practicum?
  - Is there anything about this experience that you would have changed, if you were to repeat it?
  - Do you anticipate being involved now that the formal practicum period has ended?
  - Do you anticipate turning your experience into your master's thesis?
  - Would you recommend this Practicum and its site to other students? Why or why not?

Remember, your Preceptor must submit his/her evaluation of your experience.