

Form D

Student Evaluation of Field Placement

Date: _____

Student Name: _____

Field Placement Site _____

Preceptor Name: _____

Please indicate whether you agree or disagree with each of the four statements below, and write a brief explanation of your response. Use additional pages as needed.

1. My field placement experience allowed me to apply my public health skills.
2. My Preceptor answered my questions adequately and provided appropriate support.
3. My field placement experience will be useful in the area in which I will seek employment.
4. My field placement has made me want to seek employment in a governmental health agency.

Please indicate your agreement with the following four comments.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall, my learning objectives were met by the placement/project.	1	2	3	4	5
I have identified actions I will take to apply information I learned from this placement/project.	1	2	3	4	5
The information I learned during the placement/project is relevant to my future public health career plans.	1	2	3	4	5
My field placement experience has increased my interest in working with vulnerable or underserved populations.	1	2	3	4	5