

Student Evaluation: Internship, Practicum or Capstone

Dear student:

Thank you for taking the time to complete this evaluation of your learning experience at the Northern Kentucky Health Department. We value your thoughts and opinions, and will use your ratings and comments to improve our services.

This survey should only take about 10 to 15 minutes of your time. Your answers will be completely anonymous unless you choose to share your name with us at the end of the evaluation.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey.

If you have any questions about the survey, please contact Louise Kent at Louise.Kent@nkyhealth.org or 859-344-5474.

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***1. The orientation to the Health Department and its services and programs provided adequate information to allow me to perform comfortably and knowledgeably during my practicum, internship or capstone project.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***2. My preceptor defined and adequately explained my internship, practicum or capstone project responsibilities during my initial days at the Health Department.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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*3. My preceptor was approachable and supportive.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***4. Health Department staff provided me with relevant public health experiences.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***5. I attended various meetings and had the opportunity to participate in them.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***6. My preceptor and other Health Department staff encouraged me to comment, ask questions and get involved during the various public health experiences.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***7. My preceptor gave me feedback on a regular basis.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

***8. The feedback I received helped me improve my performance.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Agree

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***9. I received an appropriate amount of responsibility.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***10. I developed (or further developed) skills that will be useful in my career.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***11. My assignments were meaningful and met my expectations.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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*** 12. What challenges did you face during this practicum, internship or capstone?**

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*** 13. Describe how the regular meetings/contacts with preceptors either helped or did not help you accomplish your tasks and goals. What changes, if any, would you suggest to the meeting structure?**

*** 14. Regarding supervision: List a few strengths of the supervision you received.**

*** 15. Regarding supervision: What could be improved?**

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*** 16. What were the strengths of this overall learning experience?**

*** 17. What were the weaknesses of this overall learning experience?**

*** 18. What suggestions do you have to improve the learning experience, as a whole?**

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***19. What was your overall impression of this learning experience?**

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***20. My knowledge in public health has increased because of this practicum, internship or capstone project.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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***21. I received a valuable experience through the Northern Kentucky Public Health Institute.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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22. If you feel comfortable, please share your name with us. This will enable us to share kudos with your preceptor and his/her supervisor or enable us to address issues to be improved. Thanks!

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***23. Please indicate today's date.**

Month/Day/Year MM DD YYYY
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