

University of Toronto
Dalla Lana School of Public Health
Graduate Dept. of Public Health Sciences
2010



INTERIM Assessment of MPH Practicum

Name of Student: _____

Practicum Setting: _____

Name of Supervisor: _____

Main Elements of work experience:

Is the work progressing satisfactorily? Yes _____ No _____

If “no”, please outline any difficulties and proposed solutions:

Supervisor

Date

Please discuss this interim evaluation with the student.

Signature of Student

Date

Please return to:

Dr. Nancy Kreiger
Professor, Division Head – Epidemiology
Dalla Lana School of Public Health

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