To be completed by Intern

Due: At the completion of 150 hours

Student Name:
Dates of Reporting Period:
Hrs. Worked During Reporting Period:
MPH Concentration (choose one): BSCH BIO EH EPI FH PA PHA PHE

Cumulative Hours Worked To Date:
Site Supervisor:
Internship Site:
Competency #1:
Competency #2:

I. Status of Objectives (Please refer to the MOU)

Accomplished activities:

Activities still in progress:

II. Perception of Internship Activities

New insights on public health activities:

New insights on your professional development as a public health practitioner:

III. Evaluation of your Performance as an intern

Strengths Detected:

Areas for Improvement:

IV. Suggested Changes in Objectives, Future Activities, if any

__________________________________________________________________________

______________________________  ________________________________

Intern Signature                  Site Supervisor Signature

Date Completed:________________________