



Practicum Supervisor's Progress Report

Every student and supervisor must turn in at least one Progress Report form before the last day to drop a course without penalty in Arts and Science. Part I is to be filled out by the student and Part II is to be filled out by the supervisor. One Progress Report should be submitted by the student to the Course Coordinator before end of the first term at latest; the second before the course drop date.

Placement Organization, & Supervisor Information

Institution/Organization/Agency:			
Address or Practicum Location:			
Practicum Supervisor & Contact Information:	Name:	Position:	
	Phone Number:	E-Mail Address:	

Student Information & Practicum Topic

Public Health Practicum Student & Contact Information:	Given Name(s):	Family Name:	
	Phone Number:	E-Mail Address:	
Practicum Title/Topic:			
Practicum Work Schedule:	Average Hours Per Week Actually Worked: <small>**See Guidelines.</small>	Report Start Date:	Report End Date:

Practicum Goals, Tasks/Activities, & Outputs Products

Please provide an overall assessment of the student's progress towards the goals of the practicum.

To what extent has the student met your expectations, and in what ways? Are there any areas for improvement?

What benefits have been made to your organization by having the Practicum Student working there?

Please rate the student's performance by checking the box that best describes his/her participation to-date.

(Use the blank lines to add any important criteria not listed here.)

Performance Criteria:	Rarely	Some-times	Often	Almost Always	Not Applicable/Not Relevant or add comments here...
The student was punctual to work.					
The student behaved professionally.					
The student followed the agency's policies/procedures.					
The student completed tasks in a timely manner.					
The student showed initiative.					
The student offered his/her ideas to the project.					
The student communicated with the supervisor about problems/concerns when appropriate.					
Other:					
Other:					
Other:					

What, if any, issues or concerns have arisen that need to be addressed?

(Are there any aspects of professional development that you feel the student still needs to learn?)

How might you and/or the student improve the experience for either his/her benefit or for your organization?

Signature

I sign to confirm I have been supervising the Student and this report is accurate.		
Practicum Supervisor:	Signature:	
	Written Name:	Date:

Any questions or concerns about this Agreement should be addressed to the University College at the Public Health Program Assistant at: uc.academicservices@utoronto.ca or 416-978-8083, or the University College Office in Room UC173, King's College Circle, Toronto, On.