

**The George Washington University  
School of Public Health and Health Services**



*Midpoint Evaluation Form*

**Instructions:**

- Complete this form with your Site Preceptor and submit online to your Practicum Director and Academic Advisor.
- If applicable, a revised copy of the Practicum Plan should be submitted to your Practicum Director, Site Preceptor and Academic Advisor for their approval. If minor, changes may be stated in the appropriate space below.

**Questions:**

1. List the activities that you have accomplished to date and the corresponding learning objectives as stated in the Practicum Plan.

<b>Learning Objective</b>	<b>Activities Completed</b>
*Populate in learning objectives from Student Practicum Plan; no more than 5	

2. Describe any barriers that have influenced the progress of the practicum.
3. What is being done to address these barriers?
4. Based on the amount of time left in the practicum, are there any changes that need to be made to the Practicum Plan? (check yes/no) If yes, revise the Plan (see instructions above).

**---PRACTICUM AGREEMENT ---**

I have participated in the development of the information above and agree to the conditions specified. If it is necessary to change any of the specified conditions, I agree to make the changes known to each of the persons whose signatures appear below.

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
 Site Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_  
 SPHHS Practicum Director signature \_\_\_\_\_ Date \_\_\_\_\_  
 SPHHS Academic Advisor signature \_\_\_\_\_ Date \_\_\_\_\_