

UNIVERSITY OF KENTUCKY Graduate Center for Gerontology

GRADUATE CERTIFICATE IN GERONTOLOGY Practicum Student Final Evaluation/Report

At the end of your practicum experience, please complete a final report in the format below. Reports must be typed, double-spaced. The report, all evaluations, along with a copy of any materials developed during the practicum, are to be submitted to the Certificate Committee at their next meeting for final approval of the practicum experience. Following approval, the materials submitted will be maintained in the Graduate Certificate Office Library.

Name: _____ **Date:** _____

Course Number and Title: _____

Faculty Supervisor: _____ **Total Hours Completed:** _____

Site: _____ **On-Site Preceptor:** _____

Practicum Start Date: _____ **Practicum End Date:** _____

For each learning objective approved in your original proposal, discuss your accomplishments and evaluate the results.

STATE LEARNING OBJECTIVE 1:

- Activities:

- How fully was this objective met?

STATE LEARNING OBJECTIVE 2:

- Activities:

- How fully was this objective met?

STATE LEARNING OBJECTIVE 3, 4, 5, ETC.:

OVERALL EVALUATION OF THE PRACTICUM EXPERIENCE:

Please submit all materials to:
Graduate Certificate in Gerontology Office
University of Kentucky
Ligon House - 658 South Limestone
Lexington, KY 40506-0442
(859) 257-8301

UK UNIVERSITY OF KENTUCKY
Graduate Center for Gerontology

GRADUATE CERTIFICATE IN GERONTOLOGY
Practicum Student Final Site Evaluation

Site: _____

Preceptor: _____

Date of Practicum: _____

To assist the Faculty Committee of the Graduate Certificate in Gerontology, please spend a few moments evaluating the Practicum Site and On-Site Preceptor on the quality of experience available to you as a practicum student.

Additional comments you would like to share.

Signature: _____ **Date:** _____

If you have any questions or concerns at this point in your practicum, please feel free to contact Barbara J. Helm at 257-8301.