

**GRADUATE CERTIFICATE IN GERONTOLOGY
Practicum Student Mid-Term Report**

Student Name: _____ **Date:** _____

Practicum Start Date: _____ **Expected Date of Completion:** _____

Total Hours Completed to Date: _____ **Placement Site:** _____

On-site Preceptor: _____ **Faculty Supervisor:** _____

In your practicum proposal you stated your learning objectives. At this point in the semester do you feel you are making satisfactory progress toward achieving these objectives? Please describe.

If not, what barriers and problems exist and what plans are being made to address them?

The purpose of this practicum is to integrate theory and practice by applying the knowledge from the gerontology courses in your practicum experience. Is the practicum allowing you to accomplish this goal? Please describe your accomplishments thus far.

Considering your accomplishment to date (as stated above) and keeping in mind the objectives, what areas should you concentrate on during the remainder of the semester?

Student 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.