EVALUATION OF INTERNSHIP / FIELD PLACEMENT ORAL PRESENTATION

MPH students will present their internship projects within their host organization for their mentor and any other staff/colleagues that they worked with during their project. MS Epidemiology students are required to complete their oral presentations at the School of Public Health in coordination with their Faculty Advisor and Department.

SPEAKERS NAME:__________________________________________

TITLE OF PRESENTATION:__________________________________________

Date & Location of Presentation:__________________________________________

Attendees:________________________________________________________________________

Internship Area of Concentration (Check One):

  SBCH    EHS    BS    HPM    EPI    BMS

Please indicate by using a numerical rating scale of 1 to 5 (5 being the highest and 1 the lowest) to record the speaker’s performance on each of the following:

1  Not acceptable     2  Minimally acceptable    3  Acceptable
4  Highly Acceptable   5  Outstanding

1. Were the objectives of the internship adequately defined?
2. Speaking style (speaks clearly, uses, appropriate speed and volume, makes frequent eye contact, etc.)
3. Organization and clarity of presentation.
4. Speaker clearly demonstrated the public health relevance of this internship
5. Speaker’s presentation demonstrated knowledge of a substantive area
   of public health principles and practice
6. Speaker gave satisfactory responses to questions raised by the audience
7. Speaker followed guidelines for the time limits set for presentations
8. Able to explain internship responsibilities and experience clearly
9. Overall rating of the presentation (check one):

Comments: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Mentor:______________ Date:________  Faculty Advisor:______________ Date:________

Please submit completed forms to: Katrina Chamberlain, Director, Internships and Career Services,
Room 117, Student Affairs Office
Email: kchamberlain@albany.edu
Phone: 518.402.0404
Fax: 518.402.0329