SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

One Month Review of Internship/Field Placement

This form must be completed on the basis of a formal One-Month Review meeting between the student, mentor and faculty advisor. This process is critical to ensuring that the student is successfully progressing toward achieving the goals of the placement and that all parties are satisfied thus far. Please detach the last page and give to your internship mentor to complete. Completed forms must be submitted to the Dean's Office no later than the due date listed on the table of MPH Internship Paperwork Deadlines.

All students should also submit a copy of this form to their department

Name_____ Phone _____

Email_____Address_____

Degree Program: MS ☐ MPH ☐ PhD ☐ DrPH ☐ MD/MPH ☐

Degree Area of Concentration: EPI ☐ BMS ☐ HPM ☐ SBCH ☐

EH ☐ BST ☐

Title of Project: _____

Semester of Placement_____ Year_____ For Credit: Y ☐ N ☐ Number of Credits_____

Internship Type: DOH ☐ Non-DOH ☐

Mentor's Name_____

Faculty Advisor_____

Date of One-Month Review Meeting:

_____

Content of Internship/Field Placement:

Describe progress towards meeting the overall goals of the project in relation to:

- Specific activities that have been completed thus far

- Resources needed to achieve the goals of the project

Describe how the internship/field placement has progressed to date, including successes as well as any problems not mentioned above. MPH students should include a description of progress related to developing the skills reflected under the discipline-specific and interdisciplinary competencies identified by the ASPH.

Student:_____Date:_____

Mentor:_____Date:_____

Faculty Advisor:_____Date:_____

Supplemental One-Month Evaluation: Students should provide the below Supplemental One-Month Evaluation to the Internship Mentor for completion and inclusion in the final One-Month Review Form submitted to the Dean's Office.

Supplemental One-Month Evaluation

Mentors: Please take this opportunity to complete a mid-internship performance evaluation of your student.

N/A ***Not applicable or not observed.***
This rating should be used when the activity in question is not part of internship expectations or the opportunity to observe this item has not occurred.

1 ***Poor***.
Fails to meet expectations. Consistently performs poorly and needs significant improvement.

2 ***Below Standard***.
Performance is below average. An intern whose performance consistently falls in this range requires improvement to function effectively as a professional in the field of public health.

3 ***Satisfactory***.
Most interns will possess skills and judgment sufficient to meet professional demands in the field of public health. Performance in this range meets normal expectations.

4 ***Above Standard***.
Performance and judgment is decidedly better than average. Shows sensitivity, judgment, and skill beyond what is expected or normally displayed by peers.

5 ***Outstanding***.
Performance is recognizably and decidedly better than expectations.

a) Presents a professional appearance
b) Observes scheduled work hours and keeps appointments
c) Maintains contact with supervisors
d) Demonstrates overall dependability
e) Completes job assignments in a timely fashion
f) Demonstrates good judgment
g) Demonstrates initiative and resourcefulness
h) Provides follow-up actions as required
i) Accepts and makes use of constructive criticism
j) Appreciates diverse views
k) Engages in continued self-evaluation
l) Establishes effective collaborative relationships with staff

Please provide an explanation for any above ratings that fall below Satisfactory (3):

Mentor Signature: _____ 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