

UNC Chapel Hill

Interdisciplinary Certificate in Aging

**UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
INTERDISCIPLINARY CERTIFICATE IN AGING
EVALUATION OF STUDENT PERFORMANCE IN PRACTICUM**

Student name: _____

Supervisor name: _____

Instructions

Please list the student's specific objectives for the practicum and document in concrete terms how the student has utilized the practicum to meet each objective. Indicate whether, in your estimation, the student has satisfactorily met each objective.

Note: If your department has a practicum evaluation form that covers all the same material as this, you may use it instead (attach it to this form).

Approved:

Certificate Advisor (date)

Practicum Supervisor (date)

Certificate Program Director (date)

Student (date)