The student is to design and implement a project to promote public health and wellness in the community setting. The student will complete the project proposal, review the proposal with the preceptor and get the preceptor’s signature approving the project.

**Project Proposal:**

**Topic:** ________________________________________________________________________________________

**Intended audience:** _______________________________________________________________________________

**Method of project delivery:**
- [ ] Written health education materials:
  - [ ] News letter
  - [ ] Pamphlet
- [ ] Presentation
- [ ] Brown bag
- [ ] Other (describe) ______________________________________________________________________

**Intended date of project presentation:** ________________________________________________________________

**Resources/materials required:**
______________________________________________________________________________________________
______________________________________________________________________________________________

**Method of promotion:**
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

**Date to have project materials ready for review by preceptor:** __________________________________________

**********************************************************************

**Preceptor approval of project proposal:**

Preceptor signature _______________________________________________  Date: _________________
# Health Promotion Project Evaluation

**TO BE COMPLETED BY THE PRECEPTOR**

<table>
<thead>
<tr>
<th>Student: ____________________________</th>
<th>Date of Evaluation: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor: __________________________</td>
<td>Site: _________________________________</td>
</tr>
</tbody>
</table>

## USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS. ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS

<table>
<thead>
<tr>
<th>4/4</th>
<th>3/3</th>
<th>2/2</th>
<th>1/1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

- **Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.**
- **Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.**
- **Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.**
- **Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.**

1. The project was appropriate for & well-received by the intended audience.  
2. The student appropriately met the intended goal of the project.  
3. The project and supporting materials were of a professional quality.

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The project was appropriate for &amp; well-received by the intended audience.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. The student appropriately met the intended goal of the project.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. The project and supporting materials were of a professional quality.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Grading = Total points for all sections (maximum points = 12)  

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments Health Promotion Project dimension when completing the final evaluation online via RMS.**

**Comments:**

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor signature ____________________________  Date: ____________________________