



Jennifer Green PhD MPH
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Riley County Health Department Internship

Exit Evaluation

We hope you enjoyed your learning experience with the Riley County Health Department. In order for us to evaluate our strengths and areas for improvement, please fill out this exit survey.

Student Name _____

Student E-mail _____ Area of Study _____

Address _____

Preceptor _____ Title _____

Phone _____ E-mail _____

Check one: Full Time _____ Part Time _____

Start date _____ **End date** _____

Choosing the Riley County Health Department

Did the following reasons factor into choosing RCHD as the location for your internship?

| | Yes | Somewhat | No |
|---|--------------------------|--------------------------|--------------------------|
| Desire to work in the public sector upon graduation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RCHD's reputation in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School credit/meeting educational requirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interest in particular program or project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Describe internship experience at RCHD, including any projects and a general overview of daily activities:

General Assessment of Internship

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| I gained a better understanding of public health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I gained a better understanding of the public health system in Kansas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internship provided an opportunity to use theory learned through my coursework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I understood the learning objectives of my internship/field experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I received feedback on progress toward meeting my learning objectives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| My internship orientation was adequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My level of responsibility was appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My internship met my expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would recommend RCHD for future internships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain if, Disagree or Strongly Disagree: _____

Describe how this internship/field experience complimented your educational learning objectives:

Please tell us about your preceptor

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| My preceptor was accessible and approachable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My preceptor exhibited a genuine interest in my professional development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My preceptor provided learning opportunities other than those I expected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| My preceptor included me in meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My internship orientation was adequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My level of responsibility was appropriate and met my expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would recommend my preceptor for future internships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain if, Disagree or Strongly Disagree: _____

Describe any suggestions you may have for improving your experience with Riley County Health Department¹:

Student Signature: _____

(Date)

¹ This document was developed with permissions from and in collaboration with Saint Louis University College for Public Health & Social Justice. 3545 Lafayette Ave St. Louis, MO 63104