



### Practicum/Independent Study Student Agreement

(Rev 2-11-2019)

An Independent Study and/or Practicum can be a valuable way to obtain practical perspective and hands-on skills to augment in-class experiences while earning academic credit. Along with the work involved, students will meet with the supervisor to review efforts and complete required weekly, midterm, and final reports. At the end of the semester, students will also complete and submit a final written report or presentation on accomplishments and assessment of learning objectives.

For your practicum/independent study *request to be fully evaluated*:

- Carefully read and complete all parts of this packet.
- Please type all information in 11-point or larger font.
- Submit pages 1 – 8 to your academic advisor in the School of Biomedical Engineering.
- Because this request has to be approved by the BME Undergraduate Affairs Committee (UAC), your request needs to be submitted at least four weeks before the start of the semester for which you would like credit.
  - Keep in mind that revisions can extend the time required for approval, so we recommend submitting your request 4 – 8 weeks prior to the start of term you will do the practicum/independent study.

In addition, for your full practicum/independent study experience to be *completed*:

- Pages 9 – 22 must be submitted to your academic advisor at different times during the semester (see schedule on page 2 of packet).
- Late or missing submissions **will not be accepted** and thus may adversely affect your grade.
- **Incomplete submissions will not be reviewed.**

NOTE: Students may not do work in one term and get credit for it in another term.

As you complete this packet of information, please be as clear and concise as possible. Your advisor will review this before submitting it to the BME Undergraduate Program Director and the BME UAC for formal review. Thus, please explain your proposal using wording that non-engineers can understand so we can comprehend what you are doing, how it applies to BME, and how you will measure your progress.

If we may be of assistance at any time, please contact your advisor. We want this experience to be a very personally rewarding one for you!

Respectfully,

*Brett Eppich Beal*  
[brett.beal@colostate.edu](mailto:brett.beal@colostate.edu)

*Debra Misuraca*  
[debra.misuraca@colostate.edu](mailto:debra.misuraca@colostate.edu)

*Robyn Jeep Ernst*  
[robyn.jeep\\_ernst@colostate.edu](mailto:robyn.jeep_ernst@colostate.edu)

\*\*\*\*\*I have read the above statement and agree to all terms as stated\*\*\*\*\*

Student Signature \_\_\_\_\_  
(Must hand sign –no typed signatures please)

Student ID # \_\_\_\_\_ Date \_\_\_\_\_



**Practicum/Independent Study Request: Important Deadlines**

Student Name: \_\_\_\_\_

**Deadlines**

<b>Item</b>	<b>Week of the Semester Item is Due</b>	<b>Date Submitted</b>	<b>Advisor Initial</b>
Course request packet (pages 3 – 8) submitted to your BME advisor. See p. 8 for details on differences between BIOM 476 A/B and 495.	At least four weeks prior to the start of the semester in which the student will be enrolled in BIOM 476 A/B or 495		
Student Weekly Reports (pages 9 – 10) (two reports, one for each week in the time frame, are required bi-weekly)	Weeks 2, 4, 6, 8	Wk 2:	
		Wk 4:	
		Wk 6:	
		Wk 8:	
Midterm Self Evaluation (pages 11 – 13)	Week 8		
Midterm Supervisor Evaluation (pages 14 – 16)	Week 8		
Student Weekly Reports (pages 9 – 10) (two reports, one for each week in the time frame, are required bi-weekly)	Weeks 10, 12, 14	Wk 10:	
		Wk 12:	
		Wk 14:	
Final Report and/or Presentation** – including updated LO table	Week 15 (no later than the Friday of the last week of class)		
Final Self Evaluation (pages 17 – 18)	Week 15 (see above)		
Final Supervisor Evaluation (pages 19 – 22)	Week 15 (see above)		

\*\*The final written report or presentation slides must address how well the student met each of the learning objectives. Other expectations and requirements of the final report and/or presentation are designated by the supervisor and should be addressed in this request and any adjustments agreed upon well ahead of the completion of the practicum/independent study.



**Practicum/Independent Study Request: Student and Course Details**

Student Name (First, Middle Initial, Last) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CSU ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CSU Email Address: \_\_\_\_\_

Local Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Expected Graduating Term and Year: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_ Biomedical Engineering Bachelor Degree student with  CBE  EE ( \_\_ L&O )  MECH

\_\_\_\_ Biomedical Engineering Minor student with  
\_\_\_\_\_ Engineering Major of \_\_\_\_\_

\_\_\_\_\_ Non-Engineering Major of \_\_\_\_\_

\_\_\_\_ Graduate Student: \_\_\_\_ MS Student \_\_\_\_ ME Student \_\_\_\_ PhD Student

Intended Term and Year for Practicum/Independent Study: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Course Desired: \_\_\_\_\_ BIOM 476A – Biomedical Clinical Practicum I (2 credits)

\_\_\_\_\_ BIOM 476B – Biomedical Clinical Practicum II (4 credits)

\*\*Satisfactory/Unsatisfactory (S/U) grading only for BIOM 476A/B

\_\_\_\_\_ BIOM 495 – Independent Study

Credit amount requested: \_\_1 \_\_2 \_\_3 \_\_4 \_\_5 \_\_6 credits

\*\*Grading is Instructor Option – S/U or Traditional (A-F) - see p. 8

Note: For the BME undergraduate programs, a total of 3 credits of BIOM 476 and/or 495 will count toward technical elective degree requirements.

Contact hours per credit hour requirements:

- 1 cr = 45 – 75 contact hours/semester
- 2 cr = 90 – 120 contact hours/semester
- 3 cr = 135 – 165 contact hours/semester
- 4 cr = 180 – 210 contact hours/semester
- 5 cr = 225 – 255 contact hours/semester
- 6 cr = 270 – 300 contact hours/semester

For example, an average of 3 – 5 hours/week for a 15-week semester is required for one credit hour. The time per week will need to be adjusted for any summer courses; overall hours will be the same, though more hours per week may be required.



**Practicum/Independent Study Request: Site Information**

Student Name: \_\_\_\_\_

Company/Organization/Lab Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Company/Organization/Lab Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number: \_\_\_\_\_ FAX: \_\_\_\_\_

Company/Organization/Lab website (if applicable): \_\_\_\_\_

Payment Status (paid/unpaid): \_\_\_\_\_

If Paid: Pay rate: \_\_\_\_\_

Student Job Title: \_\_\_\_\_

Number of paid work hours per week: \_\_\_\_\_

Start Date of Independent Study/Practicum: \_\_\_\_\_

End Date of Independent Study/Practicum: \_\_\_\_\_

**If any of the above information changes during the semester, such as a change in supervisor or pay status, you must notify your academic advisor within one week and obtain their approval to continue with the modified arrangement.**



## **Practicum/Independent Study Request: Health Insurance Notification**

Student Name: \_\_\_\_\_

### **School of Biomedical Engineering Health Insurance Notification**

Depending on the type of practicum/independent study you are in (paid vs. unpaid), you may or may not be covered by Workers Compensation in the event you are injured.

- If you are working at and being paid by a private company (other than CSU), the company is responsible through the Workers Compensation program to provide medical care to you in the event you are injured.
- If you are working at and being paid by CSU, CSU is responsible through the Workers Compensation program to provide medical care to you in the event you are injured.
- If you are not being paid while working at a private company (other than CSU), and you are enrolled in CSU credit, you will be covered under the CSU Workers Compensation program.
- If you are not being paid and are working at CSU, you are responsible for your expenses if injured. It is highly recommended that you have your own medical insurance to cover any injury that may occur on the job.

If you should cause injury to someone else during your practicum experience, you are covered by the University for liability since you are a CSU student. However, liability insurance does not cover you if you are injured.

I have read this form and understand the terms of being involved in the practicum course. I am aware that I may need to be covered under my own medical insurance in the event of injury.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_



**Practicum/Independent Study Request: Learning Objectives (LOs)**

**Student Name:** \_\_\_\_\_

\_\_\_\_ I have read and understand this ASEE abstract regarding Learning Objectives:

<https://peer.asee.org/using-learning-objectives-for-course-design-and-curriculum-improvement>

Please list your learning objectives and related information in the table below. Use wording that non-engineers can understand. Your objectives should be clear, concise, and consistent with the activities, responsibilities and expectations described in this packet. Make sure your course supervisor supports your LOs and believes you are very likely to achieve them by the end of the term. Typically, there will be at least one learning objective per credit hour (more are encouraged).

Any request to change LOs must be submitted to your academic advisor as soon as the need for a change is known and must be approved by the BME Undergraduate Program Director. Please allow two weeks for full review. Requests for LO changes after 50% of the required hours are worked are typically not approved.

Add additional rows to this table if you have more learning objectives.

<b>Learning Objective (LO) –</b> this is the “goal” with some kind of measurable outcome.*	<b>What project activities, expectations, and/or responsibilities are planned to support you achieving this LO?</b>	<b>How will achievement of this LO be assessed and who will assess it?</b> Be sure to include <u>what</u> will be assessed or measured, <u>who</u> will assess it, and <u>how</u> they will know how well you did it.
<i>Example: Improve exoskeleton control software to accept position sensor data. (NOTE: Delete this example before submitting.)</i>	<ul style="list-style-type: none"> <li>• Access and assess control code from former team</li> <li>• Adjust coding to work with new position sensors for the exoskeleton</li> </ul>	<i>Compare exoskeleton’s actual position to desired position before and after program modifications have been made. Results will be presented in the final written report and evaluated by the supervisor.</i>

\*NOTE: Learning objective sentences typically are statements that start with “Student will be able to (insert action verb) to (describe outcome).” In the example above, “Student will be able to *improve ...*”



**Practicum/Independent Study Request: Tentative Work Schedule**

Student Name: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKENDS
<b>7:00a</b>						
<b>8:00a</b>						
<b>9:00a</b>						
<b>10:00a</b>						
<b>11:00a</b>						
<b>12:00p</b>						
<b>1:00p</b>						
<b>2:00p</b>						
<b>3:00p</b>						
<b>4:00p</b>						
<b>5:00p</b>						
<b>6:00p</b>						
<b>7:00p</b>						
<b>8:00p</b>						
<b>9:00p</b>						
<b>10:00p</b>						



### Practicum/Independent Study Request: Student Responsibilities and Expectations

Student Name: \_\_\_\_\_

To be completed by the supervisor and student.

Please list student and supervisor responsibilities and expectations for this practicum/  
independent study experience:

Please list preliminary expectations and requirements of the final report and/or presentation:

Course Desired:

\_\_\_\_\_ BIOM 476A – Biomedical Clinical Practicum I (2 credits)

\_\_\_\_\_ BIOM 476B – Biomedical Clinical Practicum II (4 credits)

\*\*Only Satisfactory/Unsatisfactory grading is permitted for BIOM 476

\_\_\_\_\_ BIOM 495 – Independent Study

Credit amount requested: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 credits

\*\*\* CSU faculty supervisors must select grading option at the beginning of the term:

Instructor grading option (check one): \_\_\_Traditional (A-F) or \_\_\_Satisfactory/Unsatisfactory

Projects with non-faculty CSU supervisors or non-CSU supervisors will be graded  
Satisfactory/ Unsatisfactory unless the undergraduate director agrees otherwise in  
writing at the beginning of the term.

Supervisor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_





**Practicum/Independent Study Request: Student Weekly Report**

Student Name: \_\_\_\_\_

**To be completed by the student and supervisor and at the end of each week.** These reports are **due bi-weekly to the SMBE office** on the dates listed in your plan. The reports should be reviewed and signed by your supervisor. Electronic signatures and submissions are acceptable. You are encouraged to discuss any experiences and problems with your supervisor and/or academic advisor and incorporate any suggestions offered. You are welcome to make copies of this form to assist you with your written reports. Reports submitted late may be adversely impact grade for the practicum/independent study.

Dates of Report \_\_\_\_\_ TO \_\_\_\_\_

Student Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Total Hours Worked for the Week \_\_\_\_\_

**SHORT DESCRIPTION OF PRACTICUM/INDEPENDENT STUDY ACTIVITIES**

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MONDAY

---

TUESDAY

---

WEDNESDAY



**Practicum/Independent Study Request: Student Weekly Report Continued**

Student Name: \_\_\_\_\_

---

THURSDAY

---

FRIDAY

---

WEEKEND

---

Supervisor Comments:



**Practicum/Independent Study Request: Student Midterm Evaluation Form**

Student Name: \_\_\_\_\_

**Student Self-Evaluation (Page 1)**

DATE \_\_\_\_\_

***The Midterm Evaluation MUST be completed by the student (Pages 1 – 3) and submitted to the academic advisor at the midpoint of the term.***

Circle Course Number: BIOM 476A (2 cr) BIOM 476B (4 cr) BIOM 495 (1 2 3 4 5 6 cr)

Please write down each of your learning objectives and evaluate your progress on each one.

**LO #1:** \_\_\_\_\_

\_\_\_\_\_

Progress:  completed  ahead of plan  as planned  behind plan  no progress

**LO #2:** \_\_\_\_\_

\_\_\_\_\_

Progress:  completed  ahead of plan  as planned  behind plan  no progress

**LO #3:** \_\_\_\_\_

\_\_\_\_\_

Progress:  completed  ahead of plan  as planned  behind plan  no progress

**\*\*Continue listing learning objectives on the backside if you have more than three.**

REMINDER: Changes to learning objectives must be approved in advance and are typically not approved after 50% of the required hours are worked on the project.

By signing below, I agree that I have read the information and instructions on this page and have completed this page and the following self-evaluation accurately.

Student Signature: \_\_\_\_\_



**Practicum/Independent Study Request: Student Midterm Evaluation Form**

Student Name: \_\_\_\_\_

**Student Self-Evaluation (Pages 2-3)**

DATE \_\_\_\_\_

Please rate your abilities as demonstrated by your work in this practicum or independent study.

Rating Scale: N/A.....not applicable  
 Poor.....below expectations for students in your cohort  
 Average.....as expected for students in your cohort  
 Good.....above expectations for students in your cohort  
 Outstanding.....in top 10% of students in your cohort  
 \*(Your cohort are BME students in the same year of the program.)

**Please do not overrate; use the scale above.** You may be asked to explain “Outstanding” and “Good” ratings. Do give yourself high ratings if you believe you deserve them.

<b><u>Technical Knowledge</u></b>	N/A	Poor	Average	Good	Outstanding
General Education/Technical	_____	_____	_____	_____	_____
Life Sciences	_____	_____	_____	_____	_____
Engineering	_____	_____	_____	_____	_____

<b><u>Leadership Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Initiative	_____	_____	_____	_____	_____
Confidence	_____	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____
Ability to Analyze Problems	_____	_____	_____	_____	_____
Adaptability to Situations	_____	_____	_____	_____	_____
Ability to Inspire Others	_____	_____	_____	_____	_____
Assumes Responsibility	_____	_____	_____	_____	_____
Strives for Self Improvement	_____	_____	_____	_____	_____

<b><u>Administrative Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Organizational Skills	_____	_____	_____	_____	_____
Written Skills	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____



Time Management Skills	_____	_____	_____	_____	_____
Computer Skills	_____	_____	_____	_____	_____
Ability to Plan	_____	_____	_____	_____	_____
Flexibility with Programs	_____	_____	_____	_____	_____
Follows Policies/Procedures	_____	_____	_____	_____	_____
Orderly and Clean	_____	_____	_____	_____	_____
<b><u>Teaching Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Presentation Skills	_____	_____	_____	_____	_____
Ability to Teach Activities	_____	_____	_____	_____	_____
Ability to Demonstrate Activities	_____	_____	_____	_____	_____
<b><u>Social Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Friendly/Courteous	_____	_____	_____	_____	_____
Enthusiastic	_____	_____	_____	_____	_____
Gets Along with Others	_____	_____	_____	_____	_____
<b><u>Overall Evaluation of Work</u></b>	_____	_____	_____	_____	_____

Please list your strengths in this practicum/independent study experience:

Please list areas in which you could improve:

Please explain what you have learned about the clinical environment or clinical practice of biomedical engineering:



**Practicum/Independent Study Request: Supervisor Midterm Evaluation Form (Page 1)**

Student Name: \_\_\_\_\_

**Midterm Evaluation of Student by Supervisor (Pages 1-3)**

DATE \_\_\_\_\_

***The Midterm Evaluation is to be completed by the practicum/independent study supervisor at the midpoint of the semester and reviewed with the student.*** Signatures are required on the third page. Student, please return to your academic advisor or send to:

School of Biomedical Engineering  
225 Scott Bioengineering Building  
1376 Campus Delivery  
Fort Collins, CO 80523-1376

Please use the accompanying rating scale to assist the student in understanding strengths and needs for improvement. We kindly request that you do not use a different scale. Please comment on any outstanding or poor ratings. Thank you for your time.

Rating Scale: N/A.....not applicable  
 Poor.....below expectations for student’s experience & background  
 Average.....as expected for student’s experience & background  
 Good.....above expectations for student’s experience & background  
 Outstanding.....in top 10% of students with same experience & background

<b><u>Technical Knowledge</u></b>	N/A	Poor	Average	Good	Outstanding
General Education/Technical	_____	_____	_____	_____	_____
Life Sciences	_____	_____	_____	_____	_____
Engineering	_____	_____	_____	_____	_____

<b><u>Leadership Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Initiative	_____	_____	_____	_____	_____
Confidence	_____	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____
Ability to Analyze Problems	_____	_____	_____	_____	_____
Adaptability to Situations	_____	_____	_____	_____	_____
Ability to Inspire Others	_____	_____	_____	_____	_____
Assumes Responsibility	_____	_____	_____	_____	_____
Strives for Self Improvement	_____	_____	_____	_____	_____



**Practicum/Independent Study Request: Supervisor Midterm Evaluation Form (Page 2)**

Student Name: \_\_\_\_\_

<b><u>Administrative Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Organizational Skills	_____	_____	_____	_____	_____
Written Skills	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Time Management Skills	_____	_____	_____	_____	_____
Computer Skills	_____	_____	_____	_____	_____
Ability to Plan	_____	_____	_____	_____	_____
Flexibility with Programs	_____	_____	_____	_____	_____
Follows Policies/Procedures	_____	_____	_____	_____	_____
Orderly and Clean	_____	_____	_____	_____	_____
<b><u>Teaching Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Presentation Skills	_____	_____	_____	_____	_____
Ability to Teach Activities	_____	_____	_____	_____	_____
Ability to Demonstrate Activities	_____	_____	_____	_____	_____
<b><u>Social Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Friendly/Courteous	_____	_____	_____	_____	_____
Enthusiastic	_____	_____	_____	_____	_____
Gets Along with Others	_____	_____	_____	_____	_____
<b><u>Overall Evaluation of Work</u></b>	_____	_____	_____	_____	_____

Please list the student's strengths in this practicum/independent study experience:



**Practicum/Independent Study Request: Supervisor Midterm Evaluation Form (Page 3)**

Student Name: \_\_\_\_\_

Please list areas in which the student could improve:

Please explain what the student has learned about the clinical environment or clinical practice of biomedical engineering:

Other Comments:

Supervisor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_





## Practicum/Independent Study Request: Student Final Evaluation Form

Student Name: \_\_\_\_\_

### Final Evaluation of Student by Student

***To be completed by the student at the end of the semester and reviewed with the supervisor;*** each sign at the bottom of the form. Student, please return to your academic advisor or to the SBME office ***no later than the Friday of the last week of class.***

Date: \_\_\_\_\_

Company/Organization/Lab/Facility Name: \_\_\_\_\_

#### **Please elaborate on any of the following questions to provide full details.**

1. Were you satisfied with your practicum/independent study experience?

Yes                      No

Please explain:

2. Were you fully aware of your duties and responsibilities for your practicum/independent study?

Yes                      No

Please explain:

3. Were you aware of the functions and purposes of the facility where you worked?

Yes                      No

Please explain:

4. Did you feel academically prepared for the practicum/independent study experience?

Yes                      No

Please explain:

5. Did you feel that you were making important contributions to the facility?

Yes                      No

Please explain:



**Practicum/Independent Study Request: Student Final Evaluation Form Continued**

Student Name: \_\_\_\_\_

6. Did you experience any problems as a result of your practicum/independent study experience?

Yes                      No

Please explain:

7. Did you feel free to discuss problems with your practicum/independent study supervisor?

Yes                      No

Please explain:

8. Did you feel that you were treated as a professional?

Yes                      No

Please explain:

9. Were you allowed to make decisions on your own?

Yes                      No

Please explain:

10. Were you responsible for providing your supervisor with written reports of your activities?

Yes                      No

Please explain:

11. How would you rate your performance?

Poor                      Average                      Excellent

What grade would you give yourself if you were your supervisor?: \_\_\_\_\_

Please explain:

Student Signature: \_\_\_\_\_



**Practicum/Independent Study Request: Supervisor Final Evaluation Form (Page 1)**

Student Name: \_\_\_\_\_

**Final Evaluation of Student by Supervisor (Pages 1-4)**      Date of Final Review \_\_\_\_\_

***To be completed by the supervisor at the end of the semester and reviewed with the student.***  
Signatures are required on the last page after the learning objectives assessment. Student, please submit to your academic advisor ***no later than the Friday of the last week of class.***

Course Approved:    \_\_\_\_\_ BIOM 476A (2 credits)    \_\_\_\_\_ BIOM 476B (4 credits)  
    \_\_\_\_\_ BIOM 495; Approved credit amount: \_\_\_\_\_ credits  
 Approved instructor grading option: \_\_\_\_\_ Traditional or \_\_\_\_\_ S/U

Please use the accompanying rating scale to assist the student in understanding strengths and needs for improvement. We kindly request that you do not use a different scale. Please comment on any outstanding or poor ratings. Thank you for your time.

Rating Scale:    N/A.....not applicable  
                          Poor.....below expectations for student’s experience & background  
                          Average.....as expected for student’s experience & background  
                          Good.....above expectations for student’s experience & background  
                          Outstanding.....in top 10% of students with same experience & background

<b><u>Technical Knowledge</u></b>	N/A	Poor	Average	Good	Outstanding
General Education/Technical	_____	_____	_____	_____	_____
Life Sciences	_____	_____	_____	_____	_____
Engineering	_____	_____	_____	_____	_____
<b><u>Leadership Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Initiative	_____	_____	_____	_____	_____
Confidence	_____	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____
Ability to Analyze Problems	_____	_____	_____	_____	_____
Adaptability to Situations	_____	_____	_____	_____	_____
Ability to Inspire Others	_____	_____	_____	_____	_____
Assumes Responsibility	_____	_____	_____	_____	_____
Strives for Self Improvement	_____	_____	_____	_____	_____



**Practicum/Independent Study Request: Supervisor Final Evaluation Form (Page 2)**

Student Name: \_\_\_\_\_

<b><u>Administrative Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Organizational Skills	_____	_____	_____	_____	_____
Written Skills	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Time Management Skills	_____	_____	_____	_____	_____
Computer Skills	_____	_____	_____	_____	_____
Ability to Plan	_____	_____	_____	_____	_____
Flexibility with Programs	_____	_____	_____	_____	_____
Follows Policies/Procedures	_____	_____	_____	_____	_____
Orderly and Clean	_____	_____	_____	_____	_____
<b><u>Teaching Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Presentation Skills	_____	_____	_____	_____	_____
Ability to Teach Activities	_____	_____	_____	_____	_____
Ability to Demonstrate Activities	_____	_____	_____	_____	_____
<b><u>Social Qualities</u></b>	N/A	Poor	Average	Good	Outstanding
Friendly/Courteous	_____	_____	_____	_____	_____
Enthusiastic	_____	_____	_____	_____	_____
Gets Along with Others	_____	_____	_____	_____	_____
<b><u>Overall Evaluation of Work</u></b>	_____	_____	_____	_____	_____

Please list the student's strengths in this practicum/independent study experience:

Please list areas in which the student could improve:



**Practicum/Independent Study Request: Supervisor Final Evaluation Form (Page 3)**

Student Name: \_\_\_\_\_

Please explain what the student has learned about the clinical environment or clinical practice of biomedical engineering:

Other Comments:

Suggestions to the student:

I would consider this student for employment at my facility:      Yes                  No

Positions for which you would consider the student qualified upon graduation:

Recommendation for letter grade (circle one):    A+    A    A-    B+    B    B-    C+    C    D    F  
(Regardless of S/U or traditional grading option)

If the supervisor is a CSU faculty member, they are expected to enter the final grade at the end of the term. Otherwise, the BME Undergraduate Director determine the final grade by considering the above recommendation as well as other information including final reports or presentation slides, the student final self-evaluation, and achievement of learning objectives.

Note that grading in BIOM 476A and 476B will only be satisfactory/unsatisfactory. Grading in BIOM 495 will also be satisfactory/unsatisfactory unless the instructor chose traditional grading option at the beginning of the term. See grading policies in the CSU catalog for details about the relationships between traditional and S/U grades.



**Practicum/Independent Study Request: Supervisor Final Evaluation Form (Page 4)**

Student Name: \_\_\_\_\_

**Learning Objectives – Final Assessment by Supervisor, Instructor, or Delegate**

Student: fill in your final, SBME-approved learning objectives in the first column of the following table before providing this form to your supervisor. You provided your initial LOs on page 6 of the packet. Please make sure the objectives in this assessment match the most recently approved ones on file with SBME. **The other columns should be completed by the assessor, who is typically the supervisor.**

**Assessor:** please assess to the student’s ability to demonstrate each learning objective (LO) using a percentage. 100% indicates the student is able to demonstrate all aspects of the LO at or above the expected level with no outside help and no errors. If the student cannot (a) demonstrate all aspects, (b) demonstrate the expected level of performance, (c) demonstrate without additional help, or (d) demonstrate without errors, please proportionately reduce the rating by each factor. For example, if the student can demonstrate 90% of the aspects at the expected level, but does so error free only 80% of the time when not aided, then give an assessment score of 90% x 80% = 72%. Typically 70% would be interpreted as the minimum satisfactory assessment on academic assignments, but please indicate if a satisfactory level is higher or lower in the specific clinical, industry, research, or other environment for the practicum or independent study.

<b>Learning Objective (LO)</b> At the end of the term, the student should be able to ...	<b>How was the LO achievement assessed, i.e. how was the student’s ability in the LO demonstrated?</b> (A deliverable that may be a live demonstration, result of an activity, report, presentation or similar)	<b>Who assessed the student’s ability?</b>	<b>Assessment of student</b> (0 to 100%)	<b>Minimum satisfactory assessment</b> (for grading reference)

\*\*Add additional rows to this table if you have more learning objectives.

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_