

## Progress Report

### Louisiana State University Health Science Center School of Public Health

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Mid-semester, complete this form then have your preceptor review and sign the form. Submit the completed and signed form to your OneNote portfolio.

Student Name

Academic Program

Briefly describe your progress to date.

Select One

- ☐ I am on schedule to complete the deliverables indicated on my original proposal.
- ☐ I am completing deliverables that are different from my original proposal.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Preceptor Section

Select One

- ☐ Please have the School of Public Practice Experience Coordinator contact me.
- ☐ I do not need to consult with the Practice Experience Coordinator at this time.

Check to Confirm

- ☐ I have reviewed the student's work

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_