

**COMMUNITY HEALTH PRACTICE EXPERIENCE  
GUIDED PROGRESS REPORT**

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

Reflection # \_\_\_\_\_

*(Duplicate this form for each of 6 required progress reports. You may also fill in this form electronically and save each report as a separate document. Return progress reports as you complete them to the Practice Experience Coordinator.)*

**Guided progress reports are a way for you to document your ongoing practice experience and assess your progress. You are required to complete SIX (6) progress reports throughout the practice experience. In each report you should reflect on what you are learning. You should submit the reports as you complete them, so that we have them to refer to at the Midpoint Review. You will use all your reports to summarize your experience in the final poster. Your reflections should include:**

- Progress on your practice experience: what has been achieved and why or why not? Relate to previous reports, as appropriate.
- What activities you are doing or plan to do to achieve competence. If this is out of your control, document the situation, i.e., why it is out of your control.
- What you have learned (about yourself, the organization, working situation, public health, etc.) from your experiences.
- General insights into how your practice experience is addressing a public health problem, fits into a larger public health context, organizational structure or/and function.

Date	<i>What competencies did you address this period? (from Competency to Activity Form)</i>	<i>What activities were involved?</i>	<i>Reflections: What are your reactions to your work / what you are learning? (see list above for more suggestions about content)</i>