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***Applied Practice Experience Oral Defense: Grading Rubric***

Committee members refer to APE Portfolio and Presentation Guidelines for assistance in completing this Rubric.

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| --- | --- |
| Student Name: |  |
|  |  |
| APE Team Member Name: | APE Site Mentor or APE Academic Advisor (circle) |

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| --- | --- | --- | --- | --- | --- |
| **Elements for Consideration** | **Pass**  **with Honors** | **Pass** | **Pass with Requirements** | **Remediation** | **Did not pass** |
| Foundational Competency 1 & Products |  |  |  |  |  |
| Foundational Competency 2 & Products |  |  |  |  |  |
| Foundational Competency 3 & Products |  |  |  |  |  |
| Concentration-specific Competency 1 & Products |  |  |  |  |  |
| Concentration- specific Competency 2 & Products |  |  |  |  |  |
| Involvement in community or professional service |  |  |  |  |  |

\*Additional competencies and products are permissible.

TO BE COMPLETED BY THE SITE MENTOR ONLY:

Describe the student’s strengths:

What ways(s) could the student’s skills be improved?

Describe any challenges the student faced and how they were addressed:

Do you have ideas for improving the MPH Applied Practice Experience?

**Remediation and/or Comments:**

**Signatures of Approval**

*Signature indicates the APE portfolio and oral presentation meets the academic requirements of the UM MPH program.*

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