

INTERNSHIP EVALUATION FORM
2010/2011G (1431-1432H)



Intern's Name: _____
Site: _____

Date: _____
Preceptor: _____

Attendance:
Number of days absent _____
Number of times late _____

General Appearance
Acceptable _____
Not Acceptable _____

Directions: Write the number in the blank space that best describes your judgment of the intern's performance for that category.

4 = Distinguished ($\geq 90\%$) 3 = Above Average ($\geq 80\%$) 2 = Average ($\geq 70\%$)
1 = Below Average ($\geq 60\%$) 0 = Unsatisfactory ($< 60\%$)

1. _____ Application of knowledge (Nutrition content, Medical nutrition therapy, Foodservice management)
2. _____ Analytical skills/ problem solving
3. _____ Communication skills (oral & written)
4. _____ Interpersonal skills (Peers, Co-workers & Supervisors)
5. _____ Leadership potential
6. _____ Initiative/Motivation
7. _____ Adaptability
8. _____ Reaction to stress
9. _____ Perseverance
10. _____ Creativity
11. _____ Organizational Skills
12. _____ Works Independently
13. _____ Responsibility/Maturity
14. _____ Overall Potential as a Dietitian

Comments:

Do You: ☐ Highly Recommend ☐ Recommend ☐ Not Recommend
The Intern as Clinical Dietitian

Preceptor: _____

Date: _____

Internship Coordinator: _____

Date: _____

Vice Dean of Clinical Affairs: _____

Date: _____