

**UNC DIETETIC INTERNSHIP PROGRAM**

#### MID and END ROTATION PROGRESS REPORT and PROGRAM EVALUATION

Dietetic Intern’s Name:

Site:

Site Preceptor’s Name:

This form serves as a mechanism by which the Dietetic Internship Director can assess how the Dietetic Intern is progressing, and provide feedback on the program. It should be completed at the middle and end of each rotation and reviewed with the intern both times. A mid-rotation progress report is not required for a rotation < 80 hours. If at any time you have concerns regarding an intern’s performance, do not hesitate to contact the Dietetic Internship Director immediately. Thank you for your support.

**Mid-Rotation Progress Report:** Complete this section halfway through the rotation. If your rotation is < 80 hours, you may skip this section.Write the number in the blank space preceding each question that best describes your judgement of the intern’s performance for that category. Please add comments as you feel appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Above Average *(Outstanding)* | ***Average***  *(Satisfactory****)*** | Below Average *(Needs Improvement)* | ***Unsatisfactory***  *(Unacceptable)* |
|  | **4** | **3** | **2** | **1** |

**1. Leadership Qualities**: (honest, adaptable, dependable, takes initiative, accepts responsibility, professional) COMMENTS:

**2. Verbal Communication/listening skills**: (quality of oral presentation, ability to actively participate in discussions and meetings, ability to listen without becoming defensive, responds appropriately to feedback and makes changes if needed,retains important information about patient/client/procedures/students, etc.) COMMENTS:

**3. Writing skills**: (quality of reports, ability to use written correspondence effectively, what types of techniques are used?) COMMENTS:

**4. Decision Making:** (ability to recognize problems, ability to make sound decisions under stress, consistently exercises good judgement, looks at problems objectively, critical thinking) COMMENTS:

**5. Prior Knowledge and willingness to learn**: (possesses amount of knowledge necessary to complete stated objectives, accuracy, shows interest in learning, shows improvement in skills/demonstrates understanding of what has been taught ) COMMENTS:

ADDITIONAL COMMENTS:

Preceptor’s Signature: Date:

Intern’s Signature: Date:

**End Progress Report:**

Directions: Complete this section at the end of the rotation.

Write the number in the blank space preceding each question that best describes your judgement of the intern’s performance for that category. Please add comments as you feel appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Above Average *(Outstanding)* | ***Average***  *(Satisfactory****)*** | Below Average *(Needs Improvement)* | ***Unsatisfactory***  *(Unacceptable)* |
|  | **4** | **3** | **2** | **1** |

**1. Leadership Qualities**: (honest, adaptable, dependable, takes initiative, accepts responsibility, professional) COMMENTS:

**2. Verbal Communication/listening skills**: (quality of oral presentation, ability to actively participate in discussions and meetings, ability to listen without becoming defensive, responds appropriately to feedback and makes changes if needed,retains important information about patient/client/procedures/students, etc.) COMMENTS:

**3. Writing skills**: (quality of reports, ability to use written correspondence effectively, what types of techniques are used?) COMMENTS:

**4. Decision Making:** (ability to recognize problems, ability to make sound decisions under stress, consistently exercises good judgement, looks at problems objectively, critical thinking) COMMENTS:

**5. Prior Knowledge and willingness to learn**: (possesses amount of knowledge necessary to complete stated objectives, accuracy, shows interest in learning, shows improvement in skills/demonstrates understanding of what has been taught ) COMMENTS:

**6**. **How well is the intern prepared to be an entry level RDN after completing this rotation?** COMMENTS:

ADDITIONAL COMMENTS:

# Attendance

Number of days absent

Estimated number of times tardy

Comments on attendance (optional):

Preceptor’s Signature: Date:

Intern’s Signature: Date:

Reviewed by UNC Program Director: Date:

Please continue to the following page for the program evaluation.

**Program Evaluation**

To be completed by the preceptor at the end of the rotation**.**

**1.** What information provided by UNCO did you find most helpful for you as preceptor?

**2.** What additional information could have been provided to better support you as a preceptor?

**3.** How satisfied are you as a preceptor for the UNCO DI? (Pick one)

*Not at all satisfied Mildly dissatisfied Neutral Mildly satisfied Extremely Satisfied*

**4.** What suggestions do you have for the program?