Facility/Class Name:		

COMMENTS:

Rotation Type:

University of Texas School of Public Health Dietetic Internship PROFESSIONAL BEHAVIORS EVALUATION

Intern name:		Preceptor name:				
Rotation Start Date:						
Indicate the frequency that the Scoring: 5=always, 4=usual	-	-	-	avior.		
Recommendation: Compl	lete at mid	point or with ea	nch change in p	oreceptor.		
1. Attention to Duty:	5	4	3	2	1	0
Thorough and conscientious COMMENTS:	s work, com	pletes responsibi	lities on time, pı	rofessional appe	arance.	
2. <u>Dependability:</u>	5	4	3	2	1	0
Less amount of supervision (COMMENTS:	needed, ind	ependent work, p	ounctual, comple	etes assignment:	s, follow-throug	gh.
3. Judgment:	5	4	3	2	1	0
Decision making skills, calm, COMMENTS:	logical dem	eanor, does the i	ntern know his/	her limits?		
4. <u>Initiative:</u>	5	4	3	2	1	0
Acts on own, leadership skill COMMENTS:	ls, active rol	e in learning, find	s answers indep	endently, volun	teers for assign	ments.
5. Communication Skills:	5	4	3	2	1	0
Communication ability, liste with other health profession COMMENTS:			on level of audie	nce, tact and dip	olomacy, initiat	es discussion
6. Theoretical Knowledge:	5	4	3	2	1	0
Relates theoretical knowled COMMENTS:	ge to practio	ce, assesses situat	ion, identifies n	eeds, and appro	priate solutions	S.
7. Quantity of Work:	5	4	3	2	1	0
Quantity, promptness, plans	s time effect	ively and efficient	tly.			

8. Quality of Work:	5	4	3	2	1	0	
Accuracy, organization, e COMMENTS:	fficiency, confor	rms to specified	standards, neat	ness.			
9. Cooperation:	5	4	3	2	1	0	
Works with and helps otl cooperates under stress, COMMENTS:				of work, accepts	responsibility fo	or mistakes,	
10. Attitude:	5	4	3	2	0		
Tactfulness, self-confider COMMENTS:	nce, positive and	d unbiased appr	oach, integrity,	orofessional im	oression, sincere	e, honest.	
Strongest Areas:							
Areas for Improvement:							
Action Plans to Achieve 1.	Competencies /	Areas identifie	d for improvem	ent:			
2.							
Did the intern reflect the	Did the intern reflect the Ideals of the Institution? Yes No						
Action Plan by Intern to 1.	Achieve Institut	tional Ideals:					
2.							
Special Projects Completed 1.	ted by Interns fo	or Time Period o	of Professional E	Evaluation:			
2.							
Preceptor Comments (Ex	xplain any scores	s of <u><</u> 3):					
Hours Worked							
R.D.'s Signature			Intern's	Signature			

Date _____

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Date _____