

**University of Texas Health Science Center School of Public Health Dietetic Internship**
**ROTATION COMPLETION FORM**

Student Name: \_\_\_\_\_ Rotation Site/Class Name: \_\_\_\_\_  
 Rotation Date Range \_\_\_\_\_ Rotation Type \_\_\_\_\_

Please comment on the demonstration of professionalism in the following areas:

E= Excellent    MS = More than Satisfactory    S = Satisfactory    U = Unsatisfactory

• <b>Knowledge base of the intern</b>	Choose an item.
• <b>Effective communication of problems, concerns, and questions</b>	Choose an item.
• <b>Progress through the rotation (capacity to learn new material and apply it)</b>	Choose an item.
• <b>Interpersonal skills</b>	Choose an item.
• <b>Timeliness of assignments</b>	Choose an item.
• <b>Dependability (calls when coming in late/sick, reports to work on time)</b>	Choose an item.
• <b>Attitude (level of enthusiasm)</b>	Choose an item.

Did the intern satisfactorily complete this rotation? (Check one) ☐ Yes    ☐ No

If no, please contact the internship director via email at [dieteticinternship@uth.tmc.edu](mailto:dieteticinternship@uth.tmc.edu) or [Melisa.P.Danho@uth.tmc.edu](mailto:Melisa.P.Danho@uth.tmc.edu) or via phone at 713-500-9383 as soon as possible.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 (Preceptor) (Intern)

Date \_\_\_\_\_ Date \_\_\_\_\_

Additional comments: