

**PRECEPTOR EVALUATION OF SUPERVISED PRACTICE EXPERIENCE**
  
 UTHSC Dietetic Internship

Preceptor Name:		Date:	
Intern Name:		Rotation Type	

**INSTRUCTIONS:** To evaluate the preparedness of our interns for the supervised practice experience, preceptor feedback is needed. We are very interested in your input regarding suggestions to improve your teaching experience and our interns' learning experience.

**In the below dropdown boxes, please select the choice that best describes your answer.**

Submit this form to the DI Director at [Melisa.P.Danho@uth.tmc.edu](mailto:Melisa.P.Danho@uth.tmc.edu) (preferred) or [dieteticinternship@uth.tmc.edu](mailto:dieteticinternship@uth.tmc.edu) or mail to:

UTHealth School of Public Health  
 Dietetic Internship  
 1200 Herman Pressler RAS W238  
 Houston, Texas 77030

**1. Was the intern sufficiently prepared for the supervised practice experience with you?**

Yes |

Please comment:

**2. Were the expectations for the intern's supervised practice experience clear?**

Yes |

Please comment:

**3. Was the evaluation procedure clear (time sheet, competencies, professional behavior evaluation)?**

Yes |

Please comment:

**Comments and Recommendations: (Please identify any problems you experienced and specific recommendations for future improvement. Positive comments are helpful as well.**

Please comment:

Thank you for your input to help us continue to improve the UTHSC Dietetic Internship!