Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

WCU DI Preceptor Evaluation Tools Community Final

Who will be filling-up the form? : Student, Preceptor, School Admin

Workflow Details: Student sends the form to Preceptor, Preceptor fills and submits the form, Student reviews the form, Admin reviews the form

Notification Details: Once preceptor submits the form, the student receives a notification. After the student reviews the form, the admin receives a notification. Additionally, if the preceptor selects ratings below 2, the school admin will receive an email.

Reviewer Details

Select the Preceptor you would like to review/fill the Form (Please choose only one)*

Date Initiated

Date Of Service*

MM/DD/YYYY

Evaluation Guidelines

3	Demonstrates entry level competence for registered dietitian nutritionists, works independently.
2	Demonstrates entry level competence for registered dietitian nutritionists, requires occasional assistance.
1	Working towards entry level competence for registered dietitian nutritionists, requires regular assistance.
0	Does not demonstrate entry level competence for registered dietitian nutritionists, requires routine assistance and needs to improve knowledge base.
NO	Not observed.
NA	Not applicable.

SAMPLE

Remediation plans required for scores of '0' and '1.' Remediation plans must be completed in order for the intern to be granted successful completion of the practicum. Plans should identify the specific knowledge, professional behavior, ethics, or skills that are deficient and the corresponding activities and assignments that must be completed at entry-level competence.

Facility*

Areas Of Performance

- Please evaluate the student/intern on the following areas of performance
- Please circle the number corresponding to your rating for each bolded categor[illegible]e bull[illegible]oints provide insight into the activities/characteristics associated with each
- Add comments in each area for particularly strong or weak performance

Intern justifies programs, products, services and care in community nutri[illegible]using appropriate[illegible]vidence or data.*

CRDN 1.3

3 2 1 0 NO NA

Intern develops, delivers, and evaluates nutrition products, p[illegible]rams, n[illegible]entations, and/or services that promote health and wellness for target audiences.*

CRDN 3.8 and 3.11

3 2 1 0 NO N[illegible]

Intern develops culturally and age appropriat[illegible]nal[illegible]ateri[illegible]s for individuals/target groups.*

CRDN 3.9

3 2 1 0 NO [illegible]A

Intern advocates for legislative or reg[illegible]tory [illegible]r policies impacting nutrition and the dietetics profession.*

CRDN 2.13

3 2 [illegible] 0 NO NA

Intern actively contr[illegible]tes in[illegible]nal [illegible]nd community organizations.*

CRDN 2.9

3 2 1 [illegible] NO NA

Intern uses effective education and counseling skills to facilitate behavior change.*

CRDN 3.10 and 5.5

- Adequately prepares for counseling/educational sessions by obtaining handouts, visuals, etc.
- Uses appropriate verbal and nonverbal communication skills
- Correctly explains therapeutic diet
- Utilizes motivational interviewing skills
- Resolves conflict

3 2 1 0 NO NA

Intern delivers respectful, science-based answers to patient/client questions.*

CRDN 3.12

3 2 1 0 NO NA

SAMPLE

Intern refers patients to other professionals and services when needs are beyond scope of practice.*

CRDN 2.6

3 2 1 0 NO NA

Intern works collaboratively with NDTRs and/or support personnel in other disciplines.*

CRDN 2.5

3 2 1 0 NO NA

Intern prepares professional development plans, and clearly articulates ones' skills, strengths, knowledge and experiences relevant to career goals*

CRDN 5.2 and 5.3

3 2 1 0 NO NA

Professionalism Evaluation

Intern:*

Please use the following scale to rate the intern's performance:

- S – Satisfactory
- U – Unsatisfactory
- NA – Not applicable

Satisfactory = demonstrates behavior characteristic of [illegible]ry-lev[illegible]ofessional

Unsatisfactory = does not demonstrate behavior charac[illegible]f an e[illegible]level professional

Intern was adequately prepared for the rotati[illegible]te.

S U NA

Intern possessed and applied know[illegible]g[illegible]he subjec[illegible]tter when completing tasks.*

S U NA

Intern demonstrated pr[illegible]nal attrib[illegible]s (CRDN 1.5, 2.10, 5.4) by:*

Taking initiative in co[illegible]leting tasks

S U

Being open and accepting of feedb[illegible]k

S U N[illegible]

Adapting to a changing environment

S U NA

Demonstrating time management skills & follow-through with complex tasks

S U NA

Demonstrating good judgement and critical thinking skills

S U NA

Advocates for opportunities in the professional settings (such as asking for additional responsibility)

S U NA

SAMPLE

Intern maintained good interpersonal relationships and demonstrated cultural humility with all colleagues, staff, clients, patients and public (CRDN 2.11)*

S U NA

Intern demonstrated teamwork and contributed meaningfully to group and/or multidisciplinary settings (CRDN 2.3, 2.4)*

S U NA

Intern demonstrated professional oral and written communication skills (CRDN 2.2, 3.7)*

S U NA

Intern practiced in compliance with all applicable federal and state regulations, and in accordance with the Code of Ethics and Scope of Nutrition and Dietetics Practice for the nutrition profession (CRDN 2.1)*

S U NA

Summary

Please provide additional comments, regarding the intern:

Strengths:

Areas needing improvement:

Preceptor Signature:

Electronic Signature

Please use your mouse or touchscreen to draw your signature in the space provided below.*

If preferred or required for accessibility purposes, you may check the box to indicate your electronic signature.

Date:*

MM/DD/YYYY

Student Signature:

SAMPLE

Electronic Signature

Please use your mouse or touchscreen to draw your signature in the space provided below.*

☐ If preferred or required for accessibility purposes, you may check the box to indicate your electronic signature.

Date:*

MM/DD/YYYY

SAMPLE