

Intern Name: \_\_\_\_\_

## Professional Attributes

**Diet Tech Student Practice and Performance Evaluation Form**  
 Please provide to your preceptor to complete by the end of your rotation.

*Please evaluate student's professional attributes. A score of 1 or 2 will require a written corrective action plan.*

	Exceeds Expectations (4)	Meets Expectations (3)	Needs Improvement (2)	Does Not Meet Expectations (1)	Comments
Assertiveness/ Negotiation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Ethic/ Dependability/ Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative/ Risk Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership & Management (Organizational Skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Response To Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Management/ Work Prioritization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Thinking/ Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collaboration/ Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Customer Focus/ Client Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Did the student satisfactorily complete this rotation? (Check one)      YES              NO

Do you have ANY reservations about the advancement of this student?      YES              NO  
 If yes, please elaborate below in comments.

Signatures:

\_\_\_\_\_

**Preceptor**

\_\_\_\_\_

**Student**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Print Name**

Comments: