

The University of Vermont
 Department of Nutrition and Food Sciences
 109 Carrigan Dr – 352 MLS Carrigan Wing
 Burlington, VT 05405-0086
 Todd Pritchard, PhD
 802-656-0135

Agency _____
 Practicum Supervisor: _____
 Student Name: _____
 Semester: _____ Number of Credits: _____
 Inclusive Dates: _____

NFS RESEARCH/PRACTICUM (NFS 096/196/296) SUPERVISOR EVALUATION OF STUDENT PERFORMANCE

These guidelines for evaluation are offered to assist Practicum Supervisors and students in an appraisal of the student's potential as a future nutrition educator. Please include any other criteria which are appropriate:

This form should be reviewed jointly by Practicum Supervisors and the student at completion of the practicum, and then forwarded to Rachel Johnson.

Evaluate the following areas (Indicate not applicable with N/A.)	Met	Partially Met	Not Met	Comments
1. Personal Characteristics:				
A. Conforms to standards of agency.				
B. Consideration of others: prompt, tactful, flexible, responsible.				
C. Professionalism: judgment, initiative, positive attitude, integrity.				
2. Technical Competence:				
A. Communication skills: appropriate for various audiences, oral and written.				
B. Techniques: interviewing, consultation, teaching.				
C. Program planning/evaluation.				
Comments:				
3. Professional Practice:				
A. Demonstrated synthesis of knowledge & abilities in preparation for an activity.				
B. Identified needs and priorities, set goals and selected appropriate method.				
C. Performance: carried out plan, managed own resources and utilized others appropriately, demonstrated flexibility.				

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4. <u>Specific Learning Objectives for the Field Experience:</u> Please list objectives below.	Objectives were:			
	Completed	Partially Completed	Not Completed	Comments
A. _____				
B. _____				
C. _____				
D. _____				
E. _____				

5. **Identification of Strengths:**

A. Identify special strengths.

B. Identify areas to be strengthened.

C. What contribution did the student make to the efforts of your agency?

6. **Additional Comments to the student or the program:**

7. **Student's Response:**

Circle Grade: **A** **B** **C** **D** **F**

Signature of Practicum Supervisor: _____

Date: _____

Signature of Student: _____

Date: _____

Reviewed by Rachel Johnson _____

Date: _____