

# MPH Public Health Nutrition Fieldwork

# Student Evaluation

To be completed by the preceptor, reviewed with the student, and submitted to the UW Fieldwork Faculty Adviser.

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| **Student Information** | |
| **Name:** | Click or tap here to enter text. |
| **Course #:** | NUTR 532: Public Health Nutrition Fieldwork (1 credit) |

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| **UW Faculty Fieldwork Adviser** | |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |

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| **Preceptor Information** | | | | |
| **Agency or Organization:** | Click or tap here to enter text. | | | |
| **Address:** | Click or tap here to enter text. | | | |
| **Preceptor Name, Title, and Degree:** | Click or tap here to enter text. | | | |
| **Email:** | Click or tap here to enter text. | | | |
| **Phone:** | Click or tap here to enter text. | | | |
| **Fieldwork Period:** | From: | Click or tap to enter a date. | To: | Click or tap to enter a date. |

1. Was the student a good match for the site? Why or why not? Did they meet your expectations?

Click or tap here to enter text.

1. Did the student meet the objectives that were established for the fieldwork? Please explain.

Click or tap here to enter text.

1. What suggestions do you have for future student placements in your organization?

Click or tap here to enter text.

1. Other comments:

Click or tap here to enter text.

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| **Professional Skill Development Table** | | | | | |
|  | **Exceptional** | **Above Average** | **Average** | **Needs Improvement** | **Not Applicable** |
| Established good relationships with program staff |  |  |  |  |  |
| Encouraged feedback and used suggestions |  |  |  |  |  |
| Organized and used time efficiently |  |  |  |  |  |
| Accepted responsibility and completed work assignments |  |  |  |  |  |
| Raised innovative ideas |  |  |  |  |  |
| Demonstrated good written communication skills |  |  |  |  |  |
| Demonstrated good verbal communication skills |  |  |  |  |  |
| Demonstrated cultural competence |  |  |  |  |  |

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| **Signatures** | | | |
| **Student:** |  | **Date:** | Click or tap to enter a date. |
| **Preceptor:** |  | **Date:** | Click or tap to enter a date. |

*Please review this completed evaluation with the student before submitting it to the UW Faculty Fieldwork Adviser.*