

**Benedictine University Dietetic Internship Program**  
**NUTRITION COUNSELING/EDUCATION SKILLS EVALUATION**

<b>INTERN'S NAME</b>					<b>SITE PRECEPTOR COMPLETING FORM:</b>				
<b>DIET RX FOR INSTRUCTION</b>					<b>CASE DIFFICULTY</b>		<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial		
<b>THE INTERN</b>	<b>SHOW GOOD SKILL</b>	<b>MAKING PROGRESS</b>	<b>NEEDS MORE WORK</b>	<b>NOT ABLE TO OBSERVE</b>	<b>THE INTERN</b>	<b>SHOW GOOD SKILL</b>	<b>MAKING PROGRESS</b>	<b>NEEDS MORE WORK</b>	<b>NOT ABLE TO OBSERVE</b>
Knew the essential elements and rationale behind client's prescribed diet.					Demonstrated appropriate use of probing.				
Made reasonably sure that the client's knowledge of the prescribed diet was adequate.					Demonstrated proper use of confrontation. (Counselor argues, tries to persuade or confronts client)				
Appeared spontaneous/non-mechanical.					Demonstrated correct use of self-disclosure.				
Made frequent eye contact with the client.					Demonstrated the use of clarification, e.g. paraphrasing				
Showed a posture and body language that indicated an interest in the client and the counseling session.					Appropriately documented the counseling session.				
Showed a nonjudgmental, noncritical attitude toward client's eating pattern and chosen lifestyle.					Helped that patient with goal setting activities.				
Responded pleasantly, but appropriately to patient's attempts at humor.					Helped the client examine and anticipate obstacles that will interfere with progress.				
Demonstrated ability to listen when appropriate.					Demonstrated summarization activities.				
Tolerated periods of silence.					Remarks:				
Used words the client could understand.					Preceptor (signature)	Intern (Initial)			Date:
Used sentences that were complete, i.e. not broken and/or with speech errors.					Dietetic Internship Director's signature				Date:

