

Benedictine University
Dietetic Internship Program
STAFF RELIEF EVALUATION FORM

Director, Dietetic Internship Program
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Intern's Name _____

Rotation _____

Date of Experience FROM _____ TO _____

Evaluated by NAME _____ DATE _____

SITE _____

Describe the Staff Relief Experience:

Below are a series of descriptive statements. Based on your knowledge of the intern, please use the following scale to evaluate progress:

- 4 = Meets objectives all the time without assistance (Superior)
- 3 = Meets objectives most of the time without assistance (Above Average)
- 2 = Meets objectives some of the time with assistance (Average)
- 1 = Needs Improvement (Below Average)
- 0= Unsatisfactory (Unacceptable)
- NA = Not Applicable (please comment)

Place a check mark in the appropriate column. Use the "Not Applicable" column only when the student has not been required to demonstrate this characteristic on your service and please comment.

	4	3	2	1	0	NA
Advocacy (able to support decisions with using relevant and accurate facts, data, and evidence.						
Customer Service & Employee Interactions	4	3	2	1	0	NA
Transmits a feeling of warmth and kindness						
Initiates and maintains meaningful communication						
Responds supportively to the patient's and/or employee needs and feelings						
Relates well to persons with different cultural and economic backgrounds						
Is tactful, courteous and considerate						
Is open-minded—avoids undue criticism						
Accepts personality differences						

Time Management	4	3	2	1	0	NA
Work prioritization						
Able to complete work by established deadlines						
Professional Judgment	4	3	2	1	0	NA
Maintains high standards of performance and ethics						
Does not divulge privileged information						
Shows poise and confidence in new or stressful situations						
Problem Solving	4	3	2	1	0	NA
Seeks new and better ways of doing things						
Applies common sense to the solution of a problem						
Is flexible in approach to patient						
Is flexible in approach to employee interactions						
RESPONSIBLENESS	4	3	2	1	0	NA
Is not reluctant to assume responsibility						
Takes responsibility for the decision made						
Is dependable; keeps his or her word						
Seeks advice when needed						

Comments:

What, in your opinion, are the student's major strengths?

What recommendations do you make for the student's next staff relief experience? (Weak points that might be given concentrated effort).

EVALUATOR _____

INTERN _____

DATE _____

DI Director's Signature _____

DATE _____