

The University of Vermont  
 Department of Nutrition and Food  
 Sciences 109 Carrigan Dr – 253 MLS  
 Burlington, VT 05405-0086  
 Farryl M. Bertmann, PhD, RDN  
 802-656-4336

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

## DNFS PRACTICUM (NFS 274) 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 Farryl Bertmann

Evaluate the following areas (Indicate not applicable with N/A.)	Met	Partially Met	Not Met	Comments
<b>1. Personal Characteristics:</b>				
A. Conforms to standards of agency.				
B. Consideration of others: prompt, tactful, flexible, responsible.				
C. Professionalism: judgment, initiative, positive attitude, integrity.				
<b>2. Technical Competence:</b>				
A. Communication skills: appropriate for various audiences, oral and written.				
B. Techniques: interviewing, consultation, teaching.				
C. Program planning/evaluation.				
Comments:				
<b>3. Professional Practice:</b>				
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 S.M.A.R.T. Objectives for the Practicum 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 Farryl Bertmann \_\_\_\_\_ Date: \_\_\_\_\_