

University of Texas Health Science Center School of Public Health Dietetic Internship

ROTATION COMPLETION FORM

Student Name: _____ Rotation Site/Class Name: _____
 Rotation Date Range _____ Rotation Type _____

Please comment on the demonstration of professionalism in the following areas:

E= Excellent MS = More than Satisfactory S = Satisfactory U = Unsatisfactory

• Knowledge base of the intern	Choose an item.
• Effective communication of problems, concerns, and questions	Choose an item.
• Progress through the rotation (capacity to learn new material and apply it)	Choose an item.
• Interpersonal skills	Choose an item.
• Timeliness of assignments	Choose an item.
• Dependability (calls when coming in late/sick, reports to work on time)	Choose an item.
• Attitude (level of enthusiasm)	Choose an item.

Did the intern satisfactorily complete this rotation? (Check one) Yes No

If no, please contact the internship director via email at dieteticinternship@uth.tmc.edu or Melisa.P.Danho@uth.tmc.edu or via phone at 713-500-9383 as soon as possible.

Signature _____ Signature _____
 (Preceptor) (Intern)

Date _____ Date _____

Additional comments: