

MONTANA STATE UNIVERSITY DIETETIC
Dietetic Student Self Evaluation Form - Electronic Format

Student: _____

Graduation Date: _____

Today's Date: _____

Current Address: _____

e-mail Address: _____

The following scale should be used to determine your level of preparedness in the following knowledge areas as compared to your fellow interns. Please mark the appropriate box with a **X**.

- 1 - Unsatisfactory** Indicates preparedness in this area was not acceptable. Improvement activities must be undertaken immediately.
- 2 - Needs Improvement** Indicates preparedness in this knowledge area sometimes but not always met expectations. Improvement activities are required to meet expectations.
- 3 - Area of Strength** Indicates consistently met and sometimes exceeded expectations for preparedness in this knowledge area. Performance can be improved in the area indicated, but current practices are clearly acceptable.
- 4 - Demonstrates Excellence** Indicates the program did an outstanding job in this knowledge area. No area for improvement is readily identifiable.

Key 1 - Unsatisfactory 3 - Area of Strength
 2 - Needs Improvement 4 - Demonstrates Excellence

1.0	Knowledge Areas:	1	2	3	4	N/A
	Normal Nutrition					
	Nutrition Assessment					
	Medical Nutrition Therapy					
	Lifecycle Nutrition					
	Biological Science and Biochemistry					
	Community Nutrition					
	Nutrition Education					
	Sports Nutrition					
	Food Service					
	Food Sanitation/Microbiology					
	Quantity Food Production					
	Food Purchasing					
	Menu Planning/Modification					
	Management					
	Statistics & Quantitative Methods					
	Research Methods					
	Counseling/Interviewing skills					

Key 1 - Unsatisfactory 3 - Area of Strength
 2 - Needs Improvement 4 - Demonstrates Excellence

2.0 <i>continued</i>	Project/Activity	1	2	3	4	N/A
	Summer Field Experience					
	Computer Applications					
	Community Assessment & Lifecycle Assessment					
	MSDA Membership					
	Portfolio Development					
	Food Service Management Rotations					
	Food Service Management In-Service Presentations					

Please use this box (below) to type any Notes/Comments for Justification of Scores:

Type Here:

3.0 What MSU course did you find the most helpful during your internship?

Type Here:

4.0 Please indicate the strengths and the areas for improvement in the MSU Dietetic Program.
(Please consider Faculty, curriculum, courses, advising, facilities, dietetic community support, ect.)

Type Here:

5.0 Please list major projects completed during your internship:

CLINICAL:

Type Here:

COMMUNITY:

Type Here:

FOOD SERVICE MANAGEMENT:

Type Here:

OTHER:

Type Here:

6.0 Using the boxes below, please rate the MSU Dietetic Program. (Place an X in the appropriate box.)

POOR	FAIR	GOOD	EXCELLENT
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.0 Are you currently working in the field of Nutrition? If yes, in what area of emphasis (i.e. community, clinical food service management.)
If no, why? What is your current occupation?

Type Here:

8.0 Would you be interested in receiving a Nutrition Alumni Newsletter?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

What topics would you like included in this newsletter?

Type Here:

9.0 Please tell us anything else you think we should know about the MSU Dietetic Program.

Type Here:

****THANK YOU FOR YOUR ASSISTANCE****
****PLEASE RETURN THIS FORM AT YOUR EARLIEST CONVENIENCE (e-mail to harmon@montana.edu)**