

Observation Form 2019



Coordinated Program in Dietetics
University of Missouri

Student: _____

Facility: _____
(Name) (City) (State)

Applicant: You must fill out section 1 BEFORE you give this form to your reference:

Section 1: The applicant must sign and date one of the following statements:

1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.D.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

~below: to be completed by the RD/RDN~

Date of Observation: _____ # Hours Observed: _____

Setting for Observation: (please check all that apply)

- Hospital Inpatient
(service/floor _____)
- Hospital Outpatient
- Outpatient Clinic
- Public Health
- School
- Grocery Store

- Sports Nutrition
- Community/Wellness
- Foodservice Management
- Long-term Care
- Private Practice
- Other (please specify) _____

over

Attributes: Please consider all aspects of your work with the student, including the process of organizing the shadowing experience. Using the scale below, please rate student performance:

	1=Poor	2=Fair	3=Good	Not applicable/not observed
Willingness to learn	1	2	3	NA
Interest/Enthusiasm	1	2	3	NA
Motivation	1	2	3	NA
Punctuality	1	2	3	NA
Adaptability	1	2	3	NA
Poise and Tact	1	2	3	NA
Appropriate Dress	1	2	3	NA
Verbal Communication	1	2	3	NA
Written Communication	1	2	3	NA

Main activities observed/additional comments:

Signature of RD/RDN

Revised 11/6/18

Date