Observation Form 2018

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
   ___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:

<table>
<thead>
<tr>
<th></th>
<th>1=Poor</th>
<th>2=Fair</th>
<th>3=Good</th>
<th>Not applicable/not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to learn</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Interest/Enthusiasm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Motivation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Punctuality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Adaptability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Poise and Tact</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Appropriate Dress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Verbal Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Written Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
</tbody>
</table>

Main activities observed/additional comments:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Signature of RD/RDN

Date

Revised 11/10/17