**NUTRITION PROMOTION EVENT EVALUATION**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Directions: For each criterion, mark the appropriate number corresponding with the scale shown below,* ***indicating the student’s skill compared to that of an entry-level dietitian.*** *Write suggestions to help the student improve in the comments section. Total all criterions to calculate the student’s overall score.*

***Rating Scale***

***1:*** *Demonstrates minimal skills and has limited knowledge and/or critical thinking ability related to topic or concept. More learning experience is needed to meet basic knowledge to start developing the skills for entry-level practice.*

***2-3:*** *Needs Improvement: Demonstrates skills below expectation for other students at this level of training. More learning experience is needed to demonstrate competency and critical thinking. Has mastered some aspects of the competencies or skills, but more improvement and/or development are needed to attain the level of what is expected for entry-level practice.*

***4-5:*** *Competent: Demonstrates competency in all aspects of this competency, skill, or concept. Completed all requirements satisfactorily. Skills, knowledge, and critical thinking are still developing but appropriate for what is expected at this training level and for entry-level dietetics practice.*

***6-7:*** *Advanced Competent: Demonstrating skills, knowledge, and critical thinking at a level above what is expected at current training and above that expected for entry-level dietetics practice.*

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| **Criteria**  | **Needs Improvement** | **Competent** | **Advanced Competent** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Event Theme** |
| Utilized a nutrition related topic/theme. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Event Objectives** |
| Appropriate for target population and setting. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Aligned with the overall goals/mission of the foodservice department.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Management** |
| Took the lead role to organize the event. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Demonstrated appropriate leadership skills. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Collaborated with appropriate parties. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Exhibited effective time management in scheduling and putting on the event.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Communication** |
| Demonstrated appropriate communication. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Shared information with involved parties. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Discussed the event afterwards to identify what went well and what could be improved. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Developed or utilized educational materials that were appropriate for the audience and were sensitive to culture and literacy levels. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| The event communicated ways to support health and wellness. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Preparation and Problem Solving** |
| Set and achieved deadlines for necessary tasks. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Practiced appropriate problem-solving skills and techniques at each stage of the event. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Event Outcomes**  |
| Shared outcomes of event with preceptor.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Reviewed changes that could be made. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comments: |
| **COMPETENCIES ADDRESSED IN THIS TASK/ASSIGNMENT** |
| Comp 2.1 Applies a framework to assess, develop, implement and evaluate products, programs and services. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comp 3.2 Oversees the purchasing, receipt and storage of products used in food production and services.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comp 5.1 Demonstrates leadership skills to guide practice. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comp 5.2 Applies principles of organization management.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comp 7.2 Uses effective communication, collaboration and advocacy skills.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**Overall Comments:**

1. What are the student’s areas of strength and areas for improvement?

**Signatures**:

Preceptor/Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_