

2014-2015 Final Evaluation by Intern of PDI

Missouri Department of Health and Senior Services' Program for Dietetic Interns (PDI)

Name: _____ Date: _____

Instructions: At the completion of the PDI, the intern will evaluate the program using the "Final Evaluation" form. The intern will provide feedback on all aspects of the program and give the completed form to the Program Staff.

1. Did you receive adequate supervision and support from the following individuals?

Please provide feedback on each individual:

PDI Director: _____

PDI Internship Coordinator: _____

Community Nutrition Preceptors: _____

Food Service Management Preceptors: _____

Clinical Dietetics Preceptors: _____

2. Were the orientation classes appropriate (i.e., topics, instructors, number of classes)?
Please indicate any suggestions for change: _____

3. Were the study guides, assigned readings and case studies appropriate (i.e., topics, length and time needed to complete them, feedback)? Please indicate any suggestions for change:

4. Did you receive a good orientation to the program (i.e., expectations, policies/procedures and workload)? Please indicate any suggestions for change: _____

5. Did the Program meet your professional goals? Why or why not? _____

6. Were the meeting times throughout the program in Jefferson City beneficial? Please indicate any suggestions for change. _____

7. Other comments: _____

