Nutrition Education 4860, Field Experience Contract

Semester:

Begin date:

Completion date:

Credit Hours:

Total hours to complete:

Description of the Site:

Location/address of site:

Supervisor’s Name:

Supervisor’s Contact information (email and phone):

Bi-weekly log of hours and description of internship experiences due dates:

Mid Semester Evaluation due date:

End of Semester Evaluation due date:

Final Evaluation of the Site and Experience:

Student name:_______________________  Student W number:_______________________

Phone number:_______________________  E-mail address:__________________________

Faculty name: David Aguilar, PhD  Department: ATN
Phone number: 801 626-8867  E-mail address: daguilaralvarez@weber.edu

Signed: (Faculty)__________________________  Date:_______________________

Signed: (Student)__________________________  Date:_______________________
Log of Hours Nutrition 4860 Field Experience

Span of time, Dates included (from to):

Number of hours logged:

Date Due as defined in the contract:

Signed: (Supervisor)__________________________ Date:___________________

Signed: (Student)__________________________ Date:___________________

Description of the learning and experiential activities, and a summary about the acquisition of the Skills, Knowledge and Competencies of the field experience.
**Student Evaluation by the Supervisor Mid Semester Evaluation**

Due Date as defined in the contract:

Internship Site:

Supervisor’s Name:

Student’s Name:

On a scale of one to five (one being low and five being high), please rate the student’s attributes regarding his/hers:

<table>
<thead>
<tr>
<th>Attribute</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to work independently.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Collegiality in the workplace.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Timeliness of completing tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Reliability.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Quality of work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Desire to take Leadership roles.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Self-motivation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Ability to optimize learning opportunities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Interpersonal skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Chances of future employment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

Signed: (Supervisor)__________________________ Date:____________________

Signed: (Student)__________________________ Date:____________________
Student Evaluation by the Supervisor End of Semester Evaluation

Due Date as defined in the contract:

Internship Site:

Supervisor’s Name:

Student’s Name:

On a scale of one to five (one being low and five being high), please rate the student’s attributes regarding his/hers:

Ability to work independently.  1  2  3  4  5  NA

Collegiality in the workplace.  1  2  3  4  5  NA

Timeliness of completing tasks.  1  2  3  4  5  NA

Reliability.  1  2  3  4  5  NA

Quality of work.  1  2  3  4  5  NA

Desire to take Leadership roles.  1  2  3  4  5  NA

Self-motivation.  1  2  3  4  5  NA

Ability to optimize learning opportunities.  1  2  3  4  5  NA

Interpersonal skills.  1  2  3  4  5  NA

Chances of future employment.  1  2  3  4  5  NA

Signed: (Supervisor)__________________________    Date:____________________

Signed: (Student)_____________________________    Date:____________________
**Student Evaluation of the Supervisor and Site End of Semester Evaluation**

Due Date as defined in the contract:

Internship Site:

Supervisor’s Name:

Student’s Name:

On a scale of one to five (one being low and five being high), please rate the following site’s attributes regarding:

- The quality of the learning experiences. 1 2 3 4 5 NA
- The site’s accommodation of student’s learning. 1 2 3 4 5 NA
- The exposure to meaningful learning experiences. 1 2 3 4 5 NA
- The amount of new skills acquired. 1 2 3 4 5 NA
- The amount of new knowledge acquired. 1 2 3 4 5 NA
- The amount of new competencies acquired. 1 2 3 4 5 NA
- The degree that your expectations were met by the field experience. 1 2 3 4 5 NA
- The amount of personal growth from this experience. 1 2 3 4 5 NA
- The amount of professional growth from this experience. 1 2 3 4 5 NA
- Your recommendation to send other students to this site. 1 2 3 4 5 NA

How did you find out about this internship site?