

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:

- 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 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?