# MPH - PUBLIC HEALTH NUTRITION FIELDWORK EVALUATION

**Site Supervisor:** Please review this completed evaluation with the student. The student will submit the signed document to the Fieldwork Faculty Adviser.

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| **Student Information** | |
| **Name:** | Click or tap here to enter text. |
| **Course #:** | NUTR 532: Public Health Nutrition Fieldwork (1 credit) |

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| **MPH – Public Health Nutrition Director – Fieldwork Faculty Adviser** |

**ANNE LUND, MPH, RDN, FAND**   
Director, MPH – Public Health Nutrition Degree

Teaching Professor

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| **Site Information** | | | | |
| **Organization:** | Click or tap here to enter text. | | | |
| **Address:** | Click or tap here to enter text. | | | |
| **Site Supervisor (Name and Title):** | Click or tap here to enter text. | | | |
| **Email:** | Click or tap here to enter text. | | | |
| **Phone:** | Click or tap here to enter text. | | | |
| **Fieldwork Period:** | From: | Click or tap to enter a date. | To: | Click or tap to enter a date. | |

1. Was the student a good match for the site? Why or why not? Did they meet your expectations?

Click or tap here to enter text.

1. Did the student meet the objectives that were established for the fieldwork? Please explain.

Click or tap here to enter text.

1. What suggestions do you have for future student placements in your organization?

Click or tap here to enter text.

1. Other comments:

Click or tap here to enter text.

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| **Professional Skills Development Table** | | | | | |
|  | **Exceptional** | **Above Average** | **Average** | **Needs Improvement** | **Not Applicable** |
| Established good relationships with program staff |  |  |  |  |  |
| Encouraged feedback and used suggestions |  |  |  |  |  |
| Organized and used time efficiently |  |  |  |  |  |
| Accepted responsibility and completed work assignments |  |  |  |  |  |
| Raised innovative ideas |  |  |  |  |  |
| Demonstrated good written communication skills |  |  |  |  |  |
| Demonstrated good verbal communication skills |  |  |  |  |  |
| Demonstrated cultural competence |  |  |  |  |  |

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| **Signatures** | | | |
| **Student:** |  | **Date:** | Click or tap to enter a date. |
| **Site Supervisor:** |  | **Date:** | Click or tap to enter a date. |