

**2014-2015**  
**Preceptor's Evaluation of the Program for Dietetic Interns (PDI)**  
**Missouri Department of Health and Senior Services**

**Rotation Type (circle one):**    Management        **OR**        Community        **OR**        Clinical

**Facility's Name:** \_\_\_\_\_

**Preceptor/Evaluator's Name:** \_\_\_\_\_

**Intern's Name:** \_\_\_\_\_        **Date:** \_\_\_\_\_

Please circle the number, which most closely corresponds to your experience with the PDI rotation at your site using:

**5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, or 1 = Poor**

**Rate the Affiliate Manual which was sent to you from MDHSS's PDI:**

For clarity	5	4	3	2	1
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For organization	5	4	3	2	1
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For usefulness	5	4	3	2	1
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**Rate the overall success of our PDI intern in your facility:**    5        4        3        2        1

**Please list your suggestions for improvements:**

**Other comments:**

Thank You!