

**Framingham State University  
Work Experience Evaluation Form**

**PAGE 1 TO BE COMPLETED BY THE STUDENT:**

<b>Students Name:</b>	<b>ID#</b>
<b>Institution Where Employed:</b>	
<b>Institution's Complete Address:</b>	
<b>Foodservice Director/Clinical Nutrition Manager:</b>	
<b>Student's Supervisor:</b>	
<b>Dates of Work Experience:</b>	
<b>Job Title:</b>	
<b>Brief Description of Responsibilities:</b>	

**Student, please sign and date one of the following statements. Note page 1 must be attached to page 2 when submitted to the employer.**

I wish to have access to this evaluation, and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish this evaluation to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Framingham State University  
Work Experience Evaluation Form**

The Framingham State University faculty appreciates your cooperation in providing an evaluation of the applicant's potential for success in a food and nutrition related career.

**1. Please rate the student on the following characteristics:**

	Fair	Satisfactory	Good	Very Good	Excellent	Unable to Evaluate
Characteristics	6	7	8	9	10	n/a
Professional appearance						
Tact / Respect						
Interest and enthusiasm						
Cooperation						
Punctuality						
Dependability						
Judgment and accuracy						
Initiative						
Leadership						
Acceptance of constructive criticism						
Flexibility						
Works well with others						
Maturity						
Communication skills						
Innovative and open to ideas						
2. Please comment on any outstanding strengths or weaknesses that faculty should be aware of:						
3. Where has the student shown the greatest improvement?						
4. Please comment on the student's potential as a dietitian?						

**Students are required to complete a minimum of 200 hours of work experience. Please check whether 200 hours was completed:                     YES       NO**

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please return to Dr. Andrea Gorman, Framingham State University, 100 State Street, Framingham, MA 01701 or email an electronic copy to [agorman1@framingham.edu](mailto:agorman1@framingham.edu).**