

PROGRESS REPORT

Intern's Name (Print)_____ Facility:_____

Preceptor's Name (Print)_____ Rotation Dates:_____

Days Absent:_____Reason for Absence:_____Days Made Up:_____

Final evaluation: after approving the skills on the learning activities, a summary evaluation of the intern's level of competence is: (Please circle letter grade).

- 1. Master skills exceptionally well, demonstrates basic competence. (Grade of A, A-)
- 2. Accomplished skills, needs some improvement. (Grade of B+, B, B-)
- 3. Marginally completed skills. (Grade of C+, C)
- 4. Did not met requirements, unsatisfactory completion of skills. (Grade of C-, D, F)

Intern's Comments (Optional):

Intern's Signature and Date_____

Preceptor's Comments:

Preceptor's Signature and Date_____

Preceptor to mail entire progress report and evaluation to:
Marta Sovyanhadi, Dr.PH, RD, LDN
Oakwood College
Department of Family and Consumer Sciences
7000 Adventist Boulevard
Huntsville, Alabama 35896