**UGA DIETETICS PRACTICUM MID-POINT EVALUATION FORM**

DATE:

EVALUATION FOR:

(Last Name) (First Name)

SUPERVISOR:

(Last Name) (First Name)

To be completed by student and supervisor together. Answer these questions about the practicum

experiences so far.

1. **What have you learned?**
2. **What has been going well for you?**
3. **What would you like to improve?**
4. **What would you do differently?**

Student signature Supervisor signature