Appalachian State University Master of Science, Dietetic Internship Supervised Practice, Bi-Weekly Progress Report

Intern:

Rotation Type:

Week #s:

Dates:

Contact Hour Log

Date	Learning Experiences	Total Hours
	TOTAL HOURS FOR THE 2-WEEK PERIOD:	

Culminating Hours to Date within this Rotation:

Remaining Hours within this Rotation:

Project or Assignment Submitted during this period:

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What additional experiences did you have during these two weeks?

What questions do you have for your preceptor?

Complete a self-assessment. Reflect on your learning and leadership styles and cultural humility.

Describe your goals for the next 2-weeks, note areas for self-improvement:

Preceptor Name:

Date:

Preceptor Signature: