



DIETICIAN SKILLS EVALUATION - SELF ASSESSMENT

Level Of Proficiency

Date _____

Name _____

Signature _____

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have a performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

	A	B	C	D			A	B	C	D
Settings						Clinical				
Adult day care						GI dysfunctions				
Rehab facility						Immune disorders				
School system						Adolescent nutrition				
Hospital						Wounds/ bedsore management				
Nursing home/Long term care facility										
Private practice										
Outpatient setting						General				
Sports medicine clinic						Develop individualized plan of care				
Women/Infant/Children						Implements specific plans of care				
						High nutritional risk patients				
Clinical						Oral feeding				
Renal diets						Tube feeding				
Vegetarian diets						Hyperalimentation				
Allergy diets						Computerized food service management system				
Burn patients						AAA (Area Agencies on Aging)				
Cancer patients						2000 Dietary guidelines				
Eating disorders						FDA food code practices				
Parenteral nutrition						Compliance with Food Protection Program				
TPN						Facility budgets for food and supplies				
Pediatric nutrition										
Weight management						Education and Research				
Wellness maintenance						Food chemistry				
Cardiovascular diets						Labeling regulations				
Diabetic diets						Nutritional issues				
Food and drug interactions										
Pregnancy and nutrition										
Osteoporosis										

Reviewed by: _____ Date: _____