

**Diploma in Dietetics Education and Practical Training**

**Orientation Checklist**

|  |  |  |
| --- | --- | --- |
| **Organization:** | **Type of Placement:**  Nutrition Care  Population + Public Health  Management  Research  Other Specify | **Intern:** |
| **Preceptor:** |  | **Date of Placement:** |

**Instructions for Preceptors**: Please complete the following by indicating yes, no or not applicable. Items identified are considered to be an important part of a successful orientation. If the “no” column is checked, please explain under the comment section.

| **Item #** | **YES** | **NO** | **N/A** |  |
| --- | --- | --- | --- | --- |
| **1** |  |  |  | Staff was informed about the intern prior to their arrival. |
| 2 |  |  |  | Organizational policies that impact upon the Intern or area where the Intern will be working have been discussed. |
| 3 |  |  |  | The Intern has reviewed the pertinent Policy and Procedure or operating manuals. |
| 4 |  |  |  | The Intern is aware of the organization’s profile. |
| 5 |  |  |  | The Intern has toured facilities of the organization. |
| 6 |  |  |  | The Intern has been assigned a suitable workspace. |
| 7 |  |  |  | The Intern has completed all necessary employee documentation. |
|  |  |  |  | **The Intern is aware of:** |
| 8 |  |  |  | Time schedule |
| 9 |  |  |  | Health requirements; Procedure for accident and illness |
| 10 |  |  |  | Dress requirement |
| 11 |  |  |  | Reporting structure |
| 12 |  |  |  | Emergency procedures |
| 13 |  |  |  | Union relationship if applicable |
| 14 |  |  |  | Classroom/conference areas available |
| 15 |  |  |  | A/V equipment available |
| 16 |  |  |  | Library facilities within the institution/community |
| 17 |  |  |  | Support programs offered through the institution i.e. health services |
| 18 |  |  |  | Access codes/cards for computers, photocopiers, if applicable |
| 19 |  |  |  | The Intern has been given an initial schedule of activities. |
| 20 |  |  |  | The required evaluation forms have been reviewed and discussed. |
| 21 |  |  |  | A meeting schedule to discuss intern performance has been established. |
| 22 |  |  |  | Expectations regarding assignments have been discussed. |

**Comments: Please indicate item number.**

                                                                      

**Signatures:**

**Intern:                               Date:**

**Preceptor:                          Date:**

Check here if you are sending your report electronically via email to the Internship/Placement Coordinator. This indicates acceptance of the above information and will have the same effect as a handwritten signature.