

**MASTER OF SCIENCE IN FOODS & NUTRITION**

**DIPLOMA IN DIETETIC EDUCATION & PRACTICAL TRAINING**

**Orientation Checklist**

|  |  |
| --- | --- |
| **Name of Student:** |  |
| **Name of Preceptor:** |  |
| **Placement Dates:** |  |
| **Placement Organization:** |  |

**Instructions:**

1. Preceptor(s): Complete & discuss this checklist with your student. If the “no” column is checked, please explain under the comment section.
2. Once completed, the checklist should be signed by student and preceptor(s).
3. Email the signed and completed checklist to the dietetic education coordinator. This can be done by either the student or preceptor (please ensure to cc: all so that everyone has a copy).
4. Student to upload the checklist to their OWL dropbox.

| **YES** | **NO** | **N/A** |  |
| --- | --- | --- | --- |
|  |  |  | Staff was informed about the student prior to their arrival. |
|  |  |  | Organizational policies, procedures and/or operating manuals that impact the student based on the area/unit where the student is placed have been discussed. |
|  |  |  | The student has been oriented to Infection Control processes. |
|  |  |  | The student has toured facilities of the organization. |
|  |  |  | The student has access to a suitable workspace. |
|  |  |  | The student has completed all necessary on-boarding documentation. |
|  |  |  | The student has been given an initial schedule of activities. |
|  |  |  | The required evaluation forms have been reviewed and discussed. |
|  |  |  | A meeting schedule to discuss student performance has been established. |
|  |  |  | Expectations regarding assignments have been discussed. |
| The student is aware of: | | | |
|  |  |  | Hours of placement |
|  |  |  | Health requirements: procedure for accident and illness |
|  |  |  | Dress code |
|  |  |  | Reporting structure |
|  |  |  | Emergency procedures |
|  |  |  | Union relationship, if applicable |
|  |  |  | Available classroom / conference areas |
|  |  |  | Access to technology / computers |
|  |  |  | Library facilities within the institution / community |
|  |  |  | Support programs offered through the institution i.e. employee health services. |
|  |  |  | Access codes / cards for photocopiers, if applicable |
| Additional items reviewed: | | | |
|  | | | |

**Comments:**

|  |  |
| --- | --- |
| **The checklist has been discussed with the student** | Yes           No  *Hover over the applicable response box and click* |
| **The checklist has been completed by the preceptor** | Yes         No  *Hover over the applicable response box and click* |

***By checking the above box, you are verifying the information on this form to be true and correct.***