



Site Location:
Team:

On-site Curriculum: Student Team DOTI Rating and Comment Form

Week No.	Date	3 DOTI Team Skills	DOTI Rating (Rate 1-5)	Reflection: Why did you chose these ratings? Please justify your ratings in a reflective paragraph	Faculty Comments
Week 1		1			
		2			
		3			
Week 2		1			
		2			
		3			
Week 3		1			
		2			
		3			
Week 4		1			
		2			
		3			
Week 5		1			
		2			
		3			