

**School of Health Sciences**

**Division of Occupational Therapy & Arts Therapies**

**Occupational Therapy Programmes (pre- registration)**

**Student Evaluation of Practice Placement Form**

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| **Student details** | |
| Name:  Signature:  Date: | |
| Programme of study: | Year of programme: |
| Name of Workplace/Practice Placement:  Address of workplace ( *full address include post code*)  Tel: | |
| **Signature /s of practice educator /s** | |
| Name:  E-mail:  Signature:  Date: | Name:  E-mail:  Signature:  Date: |
| Name:  E-mail:  Signature:  Date: | Name:  E-mail:  Signature:  Date: |
| **Date of practice placement** | |
| Date of practice placement: from\_ to | |

**Guidance for students**

The Student Evaluation of Practice Placement Form is designed to help you provide feedback to your practice educator/s regarding aspects of your practice placement.

Statements highlighting crucial aspects of practice placement follow. Use the tick boxes to indicate your responses to these statements. Please use the additional feedback section to provide more specific comments. Some prompts have been provided to help your recall of relevant information. It is not necessary to respond to all of the prompts given. You may like to highlight experiences you found particularly helpful as well as offering specific suggestions for change. Your feedback will assist your practice educators in providing meaningful and relevant learning opportunities for future students.

It is expected that you will discuss the completed form in person with your practice educator(s) after your placement grade has been confirmed and before you leave the placement site.You are required to submit the original signed copy of the Student Evaluation of Placement Form to the assessment box in the University School Office Reception within 5 working days of completion of your placement.

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| **1. The pre-placement information was helpful.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. clarity of information; most useful information; information that would have been helpful… | | | | | |

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| **2. The induction/orientation was helpful.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. most useful information/experiences; balance of reading/observing/participating; suggested experiences/information that would have been helpful… | | | | | |
| **3. I felt a welcome member of the workgroup.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. nature of interactions – respectful communications/contributions valued; responsiveness of staff; adequacy of student facilities; suggestions for change… | | | | | |

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| **4. My practice educator’s/s’ expectations throughout the practice placement were clear and reasonable.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. expectations documented/discussed; level and variability of workload responsibilities; balance of supervision/autonomy; level of flexibility in response to feedback; suggestions for change… | | | | | |

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| **5. My practice educator/s facilitated my learning by providing a supportive environment.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. adequacy of time available – formal supervision/general availability; efficacy of model of supervision ( e.g shared supervision/multiple mentoring); questions welcomed; openness to student feedback; flexibility in response to individual learning needs; inclusion of university staff as necessary; suggestions for change…. | | | | | |

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| **6. My practice educator/soffered me constructive feedback.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. quantity/clarity/timeliness of feedback; balance between positive feedback and discussions re concerns; suggestions for change… | | | | | |

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| **7. I was encouraged to evaluate my performance and develop strategies for improvement.** | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** |
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| **Additional feedback**: e.g. reflection encouraged; collaborative approach to formulating learning strategies; efficacy of formal learning strategies used ( e.g. learning agreement/diaries); suggestions for change…. | | | | | |

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| If not already stated what experiences/information /resources do you think students would particularly benefit from? |