



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

# Junior Fresh Practice Education Assessment Form

(Please read the Guidelines for completing Practice Education Assessment Forms & please return completed report [not a copy] directly to the Discipline of Occupational Therapy, Trinity College Dublin)

|  |             |           |
|--|-------------|-----------|
| <b>NAME OF STUDENT</b>   |             |           |
| <b>NAME OF SERVICE</b>   |             |           |
| <b>PLEASE SPECIFY TYPE OF EXPERIENCE (I.E. PHYSICAL OR PSYCHOSOCIAL)</b>   |             |           |
| <b>PLEASE SPECIFY CLINICAL AREA OF PRACTICE *NO ABBREVIATIONS ACCEPTED</b> |             |           |
| <b>DATE OF EXPERIENCE (dd/mm/yyyy)</b>                                     | <b>From</b> | <b>To</b> |
| <b>NAME OF PRACTICE EDUCATOR</b>   |             |           |

|                              |  |
|------------------------------|--|
| <b>NUMBER OF DAYS ABSENT</b> |  |
| <b>TOTAL HOURS COMPLETED</b> |  |

| OVERALL LEVEL OF ACHIEVEMENT  |   |
|---|---|
| <b>COMPETENT</b> <input type="checkbox"/>   | <b>NOT COMPETENT</b> <input type="checkbox"/> |
| <b>N.B. If a student is awarded a not competent grade (Not Evident or Emerging) for one or more competencies at the final assessment, this indicates an overall not competent level of achievement.</b> |   |

|                                       |  |
|---------------------------------------|--|
| <b>SIGNATURE OF PRACTICE EDUCATOR</b> |  |
|---------------------------------------|--|

|                      |  |
|----------------------|--|
| EMAIL OF EDUCATOR/S  |  |
| SIGNATURE OF STUDENT |  |

**Both** signatures are required *and must be inputted on the day that the final assessment is completed.*

## STUDENT HOURS LOG

| Week (From – To) (dd/mm/yyyy) | Hours Completed | Initials of Practice Educator |
|-------------------------------|-----------------|-------------------------------|
| 1.                   to       |                 |                               |
| 2.                   to       |                 |                               |

**To be completed by Practice Educator:**

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| Sick leave hours taken:         |  | Sick leave hours made up:          |  |
| Sick leave certified:           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sick leave cert forwarded to PEC*: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other leave/absence             | Number of hours:<br>Reason:                              |                                    |  |
| Number of public holidays:      |  | Total hours completed:             |  |
| Signature of Practice Educator: |  | Date:                              |  |

**To be completed by Student:**

|   |                          |
|---|--------------------------|
| Student Name and Number                   | Student Signature / Date |
|   |                          |
| I agree with the completed hours<br>Name: | Date:                    |

**Both** signatures are required *and must be inputted on the day that the final assessment is completed.*

## FINAL FORMATIVE ASSESSMENT

|                                   |  |
|-----------------------------------|--|
| <b>NAME OF STUDENT:</b>           |  |
| <b>NAME OF PRACTICE EDUCATOR:</b> |  |

**SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK:**

*Please continue comments on separate page if required.*

**STUDENT'S COMMENTS AND FEEDBACK:**

*Please continue comments on separate page if required.*

|   |   |
|---|---|
| <b>NOT EVIDENT</b> = This competency was not demonstrated.                            | <b>EVIDENT</b> = Competency <b>consistently</b> demonstrated.                                   |
| <b>EMERGING</b> = This competency was demonstrated but not consistently/satisfactory. | <b>ENHANCED</b> = Competency <b>consistently</b> demonstrated. Performance is of high standard. |

| Competencies   | Final Assessment         |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Not Competent            |                          | Competent                |                          |
|  | Not Evident              | Emerging                 | Evident                  | Enhanced                 |
| 1. Work safely in compliance with health and safety regulations as specified in the practice setting.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adhere to confidentiality as described in the local context.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Present self in a manner appropriate to the working environment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Adhere to specified personal and professional boundaries within practice.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Demonstrate a positive approach to clients and team members.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Demonstrate effective time management.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Communicate effectively and in a professional manner with individuals.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |