#### **Senior Freshmen Practice Education Assessment Form**



# Senior 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)

directly to the Discipline of Occupational Therapy, Trinity Colle	ege Dublin)	
NAME OF STUDENT		
NAME OF SERVICE		
PLEASE SPECIFY TYPE OF EXPERIENCE (I.E. PHYSICAL OR PSYCHOSOCIAL)		
PLEASE SPECIFIY CLINICAL AREA OF PRACTICE *NO ABBREVIATIONS ACCEPTED		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	То
NAME OF PRACTICE EDUCATOR		
NUMBER OF DAYS ABSENT		
TOTAL HOURS COMPLETED		
OVERALL LEVEL C	OF ACHIEVEMENT	
COMPETENT	NOT COMPETENT	
N.B. If a student is awarded a not competent g		
competencies at the final assessment, this indicates a	in overall not competent le	vel of achievement.

SIGNATURE OF PRACTICE EDUCATOR	
EMAIL OF EDUCATOR/S	
SIGNATURE OF STUDENT	

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

#### 

### To be completed by Practice Educator:

to

5.

Sick leave hours		Sick leave hours	
taken:		made up:	
Sick leave certified:	Yes No	Sick leave cert	Vos 🗆 No 🗆
Sick leave certified.	res 🗀 INO 🗀	forwarded to PEC*:	Yes  No
Other	Number of hours:		
leave/absence	Reason:		
Number of public		Total hours	
holidays:		completed:	
Signature of Practice		Date:	
Educator:			

## To be completed by Student:

Student Name and Number	Student Signature / Date
I agree with the completed hours	
Name:	Date:
e <u>oth</u> signatures are required <mark>and must be inputted</mark>	on the day that the final assessment is completed.
FINAL FORM	ATIVE ASSESSMENT
NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	
Please continue comments on separate pag	ge if required.
Please continue comments on separate pages	



## HALF-WAY FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	
SUMMARY OF PRACTICE EDUCATOR'S COMM	IENTS AND FEEDBACK
Please continue comments on separate page if	required.
STUDENT'S COMMENTS AND FEEDBACK	

SIGNATURE OF STUDENT	
SIGNATURE OF PRACTICE EDUCATOR	
DATE (dd/mm/yyyy)	

**<u>Both</u>** signatures are required and must be inputted on the day that the half-way assessment is completed.

NOT EVIDENT – This competency was not	<b>EVIDENT</b> – This competency was consistently
demonstrated.	demonstrated.
<b>EMERGING</b> – This competency was not consistently	<b>ENHANCED</b> – This competency was consistently
demonstrated.	demonstrated. The performance was to a high
	standard.

		Half Way				Final Assessment			
		Assessment							
		Not				Not			
		Comp	etent	Comp	etent	Competent		Competent	
Oc	cupation Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
1.	Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.								
2.	Demonstrate through either verbal or written communication an understanding of the client's context the person-occupation-environment relationship.								
3.	Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.								
4.	Support engagement and participation in meaningful occupation.								
		-						-	

HALFWAY COMMENTS ON OCCUPATION COMPETENCIES:	

FINAL COMMENTS ON OCCUPATION COM	IPETENCIES:

								ssessment		
		Assessment Not				Not Company Company				
			etent	Comp	etent	Competent		Competent		
Со	mmunication Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced	
5.	Demonstrate listening, verbal and non- verbal communication skills, both formally and informally.									
6.	Give and receive feedback in an open and honest manner.									
7.	Present oral information in a clear, concise and well-structured manner both formally and informally.									
8.	Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.									
9.	Communicate effectively and in a professional manner with individuals.									
10.	Communicate effectively and in a professional manner in a group environment.									
11.	Use computer and/or communication technologies appropriately in the placement setting.									

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES:
FINAL COMMENTS ON COMMUNICATION COMPETENCIES:
Please continue comments on separate page if required.

	Half-Way Assessment				Final Assessment				
		Not Competent Competent			Not Competent		Competent		
The Occupational Therapy Process Competencies			Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
12.	Select and apply appropriate conceptual and practice models to guide the occupational therapy process.								
13.	Demonstrate an integration of occupational therapy theory within practice.								
14.	Demonstrate engagement in reflection and evaluation of practice.								
15.	Facilitate a culturally sensitive approach to practice.								
16.	Facilitate a client centred approach.								
17.	Apply the principle of informed consent prior to and throughout the occupational therapy process.								

18.	Demonstrate the use of observation and interview skills to gather relevant information.					
19.	Select and administer appropriate standardised and non-standardised assessment tools.					
20.	Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).					
21.	Facilitate effective individual and/or group work interventions.					
22.	Evaluate outcomes in collaboration with all parties.					
23.	Prioritise and manage a caseload either group or individual, under supervision.					

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:
FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:

		Half Way Assessment				Final Assessment			
		Not				Not Comp	etent	Comp	etent
Professional Behaviour Competencies		Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
24.	Work safely in compliance with health and safety regulations as specified in the practice setting.								
25.	Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.								
26.	Adhere to confidentiality as described in the local context.								
27.	Present self in a manner appropriate to the working environment.								
28.	Respond constructively to changing circumstances and demands.								
29.	Demonstrate an awareness of personal and professional boundaries within practice.								
30.	Demonstrate a positive approach to clients and team members.								
31.	Demonstrate effective time management.								
32.	Demonstrate best use of resources available.								
HAI	FWAY COMMENTS ON PROFESSIONAL BEH	AVIO	UR CC	DMPE	TENC	IES:			

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:							

Not	etent Building		Enhanced	Not Evident poN	Emerging	Evident	Euhanced
Comp				Comp			
Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	/ident	anced
						ú	Enh
MENT	COM	PETEN	NCIES	:			
					LOPMENT COMPETENCIES:  MENT COMPETENCIES:		