



Reasonable Adjustments Process: Level 1

RAP1 Commencement Form

Student name _____

Site name _____

Week of overall placement Week _____ of _____ *(e.g. Week 6 of 10, Week 8 of 14)*

Date _____ / _____ / _____

Names of all others present _____

Summary of progress

Summary of proficiencies that need particular attention

Does the student wish to disclose any matter that may be affecting their practice?

No Personal circumstances Medical issues Workplace concerns Other



Provide some brief evidence for each concern listed

SMART adjustments to be made by student

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To whom will this process be disclosed? _____

Date for review of plan _____ / _____ / _____

The undersigned have discussed, understood, and agree with, the information contained within.

Name	Signature	Role