

Reasonable Adjustments Process: Level 2

RAP2 Recommendation to Exit Placement 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			
Areas of practice that have pro			

Evidence to support the recommendation to exit placement (i.e. fail)



Commence of the average comments	a the recommendation to exit		
Summary of the grounds supporting the recommendation to exit			
This recommendation will be disclos	sed to the Dietitian Manager of this	placement setting. It will also	
be disclosed to the Directors of the	undergraduate programme in advar	ice of Exam Boards.	
The undersigned have discussed, un	nderstood, and agree with, the info	rmation contained within.	
Name	Signature	Role	
	0.8.1.44		
This form is not signed by the student.			
This form is not signed by the students			
A copy will be issued by the Chair to the student on (date and time):/ by:			