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

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 _____

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Areas of practice that have progressed in line with standards

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

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Summary of the grounds supporting the recommendation to exit

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This recommendation will be disclosed to the Dietitian Manager of this placement setting. It will also be disclosed to the Directors of the undergraduate programme in advance of Exam Boards.

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

Name	Signature	Role

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