



Assessment Form
Practice Placement A

Student name	
Supervisor name(s)	
Name of placement site	
Form retention by site	Do not retain. Shred or delete any duplicate copies within 4 weeks of placement ending.

The undersigned agree that the information contained within accurately represents student performance.

Supervisor 1

1. Signature _____ / ____ / ____
2. Print name _____
3. Role _____

Supervisor 2 (as applicable)

1. Signature _____ / ____ / ____
2. Print name _____
3. Role _____

Student

1. Signature _____ / ____ / ____
2. Print name _____

The Supervisor must post or email the signed Assessment Form and Attendance Record to:

Post BSc Human Nutrition and Dietetics, Room 1.08, Department of Clinical Medicine,
Trinity Centre for Health Sciences, St James' Healthcare Campus, Dublin 8

Email dietetics@tcd.ie

1.0 Professional autonomy and accountability

[St] [Su]

1.1 Takes personal responsibility for their behaviour at all times

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.2 Always punctual throughout the day

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.3 Appropriately prioritises and manages their assigned tasks within an agreed timeframe

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.4 Confidentially manages verbal, hard copy, and electronic service user data

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.5 Uses workplace (e.g. internet) and personal (e.g. phone) technology appropriately

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.6 Demonstrates motivation to complete their duties to the required standard

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.7 Recognises the limits of their practice and seeks help appropriately

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

1.8 Makes changes to their practice in response to feedback received from supervisors

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

2.0 Interpersonal and professional relationships

[St] [Su]

2.1 Maintains a professional and non-discriminatory attitude with all persons at all times

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

2.2 Clearly understands the roles of others in food provision in a healthcare setting

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

2.3 Acts in the best interests of service user safety at all times

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

3.0 Knowledge, understanding and skills

[St] [Su]

3.1 Demonstrates a clear understanding of safe and hygienic food storage

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

3.2 Demonstrates a clear understanding of how to hygienically make meals and snacks

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

3.3 Demonstrates a clear understanding of how to hygienically serve meals and snacks

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

3.4 Demonstrates the ability to keep catering areas clean and hygienic

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

3.5 Applies relevant risk management controls to promote the safe provision of food and drinks

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

4.0 Provision of quality services

[St] [Su]

4.1 Understands the limitations of food provision in a healthcare setting

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

4.2 Complies with infection prevention practices at all times

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

4.3 Correctly uses any manual and electronic systems in place to support service delivery

Yes – consistently demonstrated to a safe, competent, and professional standard

No – did not consistently demonstrate to a safe, competent, and professional standard

Supervisor to provide an overview of student performance over the course of placement:

Attendance Record Practice Placement A

Who completes this form?

The Supervisor fills in this form. The Supervisor and student sign this form.

Student name _____

Supervisor name _____

Dates of placement ___/___/___ to ___/___/___

Location of placement _____

Full attendance observed

OR

Absences recorded

1. One day of placement is 7 hours (excl. lunch). How many hours were missed? _____ hours

2. On what date or dates did absences occur? _____

3. Did the student work alternative hours to make up for any of the time missed?

No, the time missed was covered by the student's placement contingency

Yes, as indicated in a. and b. below

a. Alternative hours were completed on these dates: _____

b. How many hours did the student work to make up for time missed? _____ hours

The undersigned agree that the above is a true and accurate representation of the hours completed.

Student signature _____

Supervisor signature _____

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