



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

Junior 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)

NAME OF STUDENT		
NAME AND ADDRESS OF SERVICE		
PLEASE SPECIFY TYPE OF EXPERIENCE (I.E. PHYSICAL OR PSYCHOSOCIAL)		
PLEASE SPECIFY CLINICAL AREA OF PRACTICE **NO ABBREVIATIONS ACCEPTED**		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR(S)		

NUMBER OF DAYS ABSENT (ACROSS 2 WEEK PLACEMENT)	
TOTAL HOURS COMPLETED (ACROSS 2 WEEK PLACEMENT)	

OVERALL LEVEL OF ACHIEVEMENT (Please tick the relevant box)

COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/>
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N.B. If a student is awarded a not competent grade (Not Evident or Emerging) for one or more competencies at the final assessment, this indicates an overall not competent level of achievement.

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

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

STUDENT HOUR LOG		
Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator
1. to		
2. to		

To be completed by Practice Educator:

Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sick leave cert forwarded to PEC*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other leave/absence	Number of hours: Reason:		
Number of public holidays:		Total hours completed:	
Signature of Practice Educator:		Date:	

To be completed by Student:

Student Name	Student Signature / Date
*I agree with the completed hours	Date:

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

FINAL FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK:

Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK:

Please continue comments on separate page if required.

NOT EVIDENT = This competency was not demonstrated.	EVIDENT = Competency consistently demonstrated.
EMERGING = This competency was demonstrated but not consistently/satisfactory.	ENHANCED = Competency consistently demonstrated. Performance is of high standard.

Competencies	Final Assessment			
	Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced
1. Work safely in compliance with health and safety regulations as specified in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Present self in a manner appropriate to the working environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Adhere to specified personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Communicate effectively and in a professional manner with individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For University Use Only	
Date received:	
Reviewed by:	
Overall grade:	
Comments/Notes:	