



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 OF SERVICE		
TYPE OF EXPERIENCE		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR		

NUMBER OF DAYS ABSENT	
TOTAL HOURS COMPLETED	

OVERALL LEVEL OF ACHIEVEMENT	
COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/>
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.

STUDENT HOURS LOG AND CONFIRMATION OF DAILY DECLARATION (COVID-19 SPECIFIC)

Week (From – To) (dd/mm/yyyy)	Hours Completed	COVID-19 specific: Daily declarations completed by student (Y/N)	Initials of Practice Educator
1. to			
2. to			

*As per the HSE guidelines (*Infection Prevention and Control Requirements for Clinical Placements in HSE facilities in the context of COVID-19*), the student is required to declare to the practice educator on a daily basis that he/she is symptom free as soon as he/she presents for placement. The format of the declaration may include phone, email, text or verbally and should be agreed by the student and the Practice Educator at the beginning of the placement.

To ensure compliance with this recommendation, the student and the Practice Educator must sign on this each week by ticking the box above entitled “**COVID-19 specific: Daily declarations completed by student**”. By ticking this box both the student and Practice Educator are confirming that daily declarations were completed by the student.

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

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.

HALF-WAY FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK:

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Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK:

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Please continue comments on separate page if required.

SIGNATURE OF STUDENT	
SIGNATURE OF PRACTICE EDUCATOR	
DATE (dd/mm/yyyy)	

