



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

Senior 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			
3. to			
4. to			
5. to			
6. to			
7. to			
8. 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)	

NOT EVIDENT – This competency was not demonstrated.	EVIDENT – This competency was consistently demonstrated.
EMERGING – This competency was not consistently demonstrated.	ENHANCED – This competency was consistently demonstrated. The performance was to a high standard.

	Half Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
Occupation Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate through either verbal or written communication an understanding of the client's context the person-occupation-environment relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support engagement and participation in meaningful occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATION COMPETENCIES:

FINAL COMMENTS ON OCCUPATION COMPETENCIES:

Please continue comments on separate page if required.

	Half-Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Communication Competencies								
5. Demonstrate listening, verbal and non-verbal communication skills, both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Give and receive feedback in an open and honest manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Present oral information in a clear, concise and well-structured manner both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communicate effectively and in a professional manner with individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Communicate effectively and in a professional manner in a group environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use computer and/or communication technologies appropriately in the placement setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES:

FINAL COMMENTS ON COMMUNICATION COMPETENCIES:

Please continue comments on separate page if required.

	Half-Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
The Occupational Therapy Process Competencies								
12. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Demonstrate an integration of occupational therapy theory within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Demonstrate engagement in reflection and evaluation of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Facilitate a culturally sensitive approach to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Facilitate a client centred approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Apply the principle of informed consent prior to and throughout the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrate the use of observation and interview skills to gather relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Select and administer appropriate standardised and non-standardised assessment tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Facilitate effective individual and/or group work interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Evaluate outcomes in collaboration with all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Prioritise and manage a caseload either group or individual, under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:

FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:

	Half Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Behaviour Competencies								
24. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Respond constructively to changing circumstances and demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Demonstrate an awareness of personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Demonstrate best use of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:

Please continue comments on separate page if required.

	Half Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Development Competencies								
33. Take responsibility for personal and professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Actively engage in supervision and request and utilise professional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Implement a learning contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Identify own personal and professional strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Maintain a record of personal and professional development (i.e. portfolio).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES:

FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES:

Please continue comments on separate page if required.

