



Discipline of Physiotherapy

Names of Clinical Site and clinical area	
Name of student	
Academic year	
Name of practice educator	
Name of practice tutor and/or university support person.	

*Please see the TCD Practice Education Handbook Section F for guidance on the use of the form

Areas of concern identified:

Item	Competency and Specific Learning Outcome in which concern is raised	Please list specific examples of behaviours / actions observed which support concern
1		
2		
3		

Action plan identified:

Item	Objective related to concern	Strategies/resources identified to target objective	Review Date

Actions Recommended	Date	Comments
Action plan commenced		
Contact university		
Student recommended to contact or referred to university support services		
Student recommended to contact College Tutor		

Both _____(practice educator/practice tutor) and
_____ (student) agree that a review of the above objectives and
plan will be completed on _____(date).

Please note that if sufficient improvements have been made by the date specified
above the student will revert back to the student pathway and standard teaching
and learning supports.

Practice educator signature:_____

Practice Tutor/College support signature_____

Student signature:_____

Date:_____