

# Placement Evaluation Form

Evaluation completed by:

(Please circle as appropriate)

Student:	Tutor:	Practice Assessor:	Work Based Supervisor:
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Agency Name: .....			
Address: .....			
Post Code: .....			
<b>Practice Learning</b>	Number of days: .....		
<b>Practice Setting</b>	Statutory/Voluntary:	Fieldwork/Residential/Day Care/School Based:	Service User Group:

(Please circle as appropriate)

1.	<p>How would you describe the learning agreement meeting?</p> <p>VERY GOOD <input type="checkbox"/> GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
2.	<p>Were the opportunities for developing knowledge, skills and understanding of anti-oppressive practice?</p> <p>VERY GOOD <input type="checkbox"/> GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>

3.	<p>Were the types of work and learning opportunities offered within this practice learning period appropriate to the Practice Learning Curriculum?</p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
4.	<p>Were the opportunities for linking theory and practice:</p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
5.	<p>Were the opportunities for studying legal issues in relation to practice:</p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
6.	<p>Were the supervisory arrangements:</p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
7.	<p>Were the practical arrangements for this practice learning period:</p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
8.	<p>Were concerns procedures initiated?</p> <p>YES <input type="checkbox"/>    NO <input type="checkbox"/></p>

<b>9.</b>	<p>Was the practice learning terminated?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If <b>Yes</b>, how many days were completed? <input type="text"/></p>
<b>10.</b>	<p>Was the practice learning extended?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If <b>Yes</b>, by how many days? <input type="text"/></p>

Students only to complete the following:

11.	<p>How would you describe the support you received from:</p> <p><b>LINE MANAGER (if applicable)</b></p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p><b>OTHER COLLEAGUES/STUDENT PEERS (if applicable)</b></p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p><b>PRACTICE ASSESSOR</b></p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p><b>UNIVERSITY</b></p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p><b>WORK BASED SUPERVISOR</b></p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p><b>PRACTICE LEARNING SUPPORT</b></p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p>
12.	<p>Identify any learning needs/development needs highlighted for yourself during the course of this practice learning period:</p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>
13.	<p>How well had the academic learning prepared you for the practice learning?</p> <p>VERY GOOD <input type="checkbox"/>    GOOD <input type="checkbox"/>    SATISFACTORY <input type="checkbox"/>    POOR <input type="checkbox"/></p> <p>Please comment: .....</p> <p>.....</p> <p>.....</p>