STUDENT - SHORT VISIT FEEDBACK FORM

Name of student:……...
Date of visit:……
Team/Location visited:……..

Please list the learning opportunities offered during the visit:
eg criteria for referral to team; team priority system; observed or assisted with assessment and/or treatment (please specify type, venue and with whom eg Physio)

In the categories below, if appropriate please will you record any observations regarding the student's performance, learning, and interaction with your team and service users (eg positive observations re competence or knowledge; and areas of concern particularly in Safe Practice and Professionalism.)

Safe Practice

Professionalism

Clinical Reasoning

Interpersonal Skills

Treatment – all aspects of goal setting, therapeutic interventions, problem solving, evaluation

Record Keeping

Any further comments

Your Name:…….....
Signature:……
Designation:……
Tel No:……

Date:……..

Thank you very much for your help.

Please return this form as soon as possible after the visit date, to:

…… Practice Educator