



## ONE WEEK PLACEMENT FORM

STUDENT \_\_\_\_\_ INTAKE \_\_\_\_\_ TERM \_\_\_\_\_

TRAINING SITE \_\_\_\_\_ PLACEMENT \_\_\_\_\_ DATE \_\_\_\_\_

### PROFESSIONAL STANDARDS

(Good/Poor = Meets/Does not meet, objectives/expectations)

	GOOD	POOR
ATTENDANCE/ PUNCTUALITY		
FITTING INTO TEAM		
RELIABILITY		

	GOOD	POOR
WILLINGNESS TO ACCEPT INSTRUCTIONS		
WILLINGNESS TO ASK QUESTIONS		
RESPONSE TO CRITICISM		

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**Please comment on the student's general performance over the course of this placement, paying particular attention to any strengths or weaknesses perceived.**

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### **I have discussed this evaluation with the student:**

Signature of Supervisor \_\_\_\_\_ date \_\_\_\_\_

### **This evaluation has been discussed with me:**

Signature of Student \_\_\_\_\_ date \_\_\_\_\_

### **I have seen this placement form:**

Signature of Superintendent \_\_\_\_\_ date \_\_\_\_\_

PLEASE GIVE THE COMPLETED FORM TO YOUR LINK LECTURER.

Signature of Link Lecturer \_\_\_\_\_ date \_\_\_\_\_

Section S
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**Student attendance (to be completed by supervising staff)**

<b>Name</b>		<b>Hospital</b>		<b>Placement</b>	
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**Week beginning: -**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>A.M.</b>					
<b>P.M.</b>					

**KEY -** Please sign to indicate attendance otherwise use the relevant code to give reason for absence:

S/L : Sick Leave  
Recreational Half-day

C/L : Compassionate Leave

REC :

R/L : Requested leave  
appointment

A.W.O.L. – Absent Without Leave

M/A : Medical

**PLEASE NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO ENSURE THIS FORM IS COMPLETED CORRECTLY. FAILURE TO COMPLETE OR SUBMIT ATTENDANCE RECORDS WILL RESULT IN THE STUDENT BEING RECORDED AS ABSENT FOR THOSE PERIODS.**