

 <b>CITY UNIVERSITY LONDON</b> <b>Department of Radiography</b>		<b>CONTINUOUS PRACTICAL ASSESSMENT FORM</b>	
Student Name		Current Year/Term	
Placement		Previous placement date / total weeks on this unit type	
Date		Duration of placement in total	
Named radiographer			

**Clinical objectives – to be defined by link lecturer / student / radiographer discussion**

**Mid-Placement Discussion Summary**

<b>Signature of radiographer :</b>	<b>Date:</b>
<b>Signature of student :</b>	<b>Date:</b>

**Please determine additional objectives for the remainder of the assessment if applicable.**

## CONTINUOUS PRACTICAL ASSESSMENT FORM

### ***Additional guidance to aid in the completion of this form***

- The same form is used for all levels of clinical education.
- The development of the form was evidence-based and used widely in health-care education.
- The criteria are referenced against the attributes a qualified practitioner should continuously display.
- Assessors should sign the box of "best -fit" following discussion with appropriate team members;
- Early in training, students will be unable to achieve "continuously" scores in domains such as knowledge and skills;
- High scores in transferable life skills e.g. communication and teamwork may be achieved at any point in training.
- Brief comments to aid the student's progression must be noted in the mid-placement discussion box. Mid-placement discussions **MUST** be performed for all continuous practical assessments.
- The assessment form **MUST** be fully completed during the last two to three days of a student's placement.
- Completed forms should be photocopied and the original form to be given to the link lecturer on their next visit.





*Named Radiographer Reflective Feedback*

Please comment as honestly and constructively as you can on the student's progress and achievements during this assessment period (referring to objectives and following discussion with other radiographer team members).

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**Signature of radiographer :**

*Student Reflective Feedback*

Please comment as honestly and constructively as you can on your perceived progress and achievements during this assessment period (referring to your objectives on this form)

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**Signature of student :**

Please read each other's reflective feedback and discuss any problems or issues arising. Minutes of pertinent or constructive points should be written below as well as identified objectives for next placement.

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**This assessment has been discussed and is an accurate record**

<b>Signature of Radiographer :</b>	<b>Date :</b>
<b>Signature of Student :</b>	<b>Date :</b>

**This form has been seen by the following.**

<b>Signature of Superintendent:</b>	<b>Date :</b>
<b>Signature of Link lecturer</b>	<b>Date :</b>

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

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

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

Week beginning: -

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

Week beginning: -

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<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      C/L : Compassionate Leave      REC :  
 Recreational Half-day  
 R/L : Requested leave A.W.O.L. – Absent Without Leave      M/A : Medical  
 appointment

**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.**