

Senior Freshmen Practice Education Assessment Form



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Senior Fresh Practice Education Assessment Form

(Please read the Guidelines for Completing Practice Education Assessment Forms & please return completed report [not a copy] directly to the Discipline of Occupational Therapy, Trinity College Dublin)

NAME OF STUDENT		
NAME AND ADDRESS OF SERVICE		
PLEASE SPECIFY TYPE OF EXPERIENCE (I.E. PHYSICAL OR PSYCHOSOCIAL)		
PLEASE SPECIFY CLINICAL AREA OF PRACTICE **NO ABBREVIATIONS ACCEPTED**		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR(S)		

NUMBER OF DAYS ABSENT (ACROSS 8 WEEK PLACEMENT)	
TOTAL HOURS COMPLETED (ACROSS 8 WEEK PLACEMENT)	

OVERALL LEVEL OF ACHIEVEMENT (Please tick the box relevant)

COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/>
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N.B. If a student is awarded a not competent grade (Not Evident or Emerging) for one or more competencies at the final assessment, this indicates an overall not competent level of achievement.

SIGNATURE OF PRACTICE EDUCATOR(S)	
EMAIL OF EDUCATOR/S	
SIGNATURE OF STUDENT	

Both signatures are required and must be inputted on the day that the final assessment is completed.

STUDENT HOURS LOG

Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator
1. to		
2. to		
3. to		
4. to		
5. to		
6. to		
7. to		
8. to		

To be completed by Practice Educator:

Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sick leave cert forwarded to PEC*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other leave/absence	Number of hours: Reason:		
Number of public holidays:		Total hours completed:	

STUDENT'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

HALF-WAY FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK

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Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK

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Please continue comments on separate page if required.

SIGNATURE OF STUDENT	
SIGNATURE OF PRACTICE EDUCATOR	
DATE (dd/mm/yyyy)	

Both signatures are required and must be inputted on the day that the half-way assessment is completed.

NOT EVIDENT – This competency was not demonstrated.	EVIDENT – This competency was consistently demonstrated.
EMERGING – This competency was not consistently demonstrated.	ENHANCED – This competency was consistently demonstrated. The performance was to a high standard.

	Half Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Occupation Competencies								
1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate through either verbal or written communication an understanding of the client’s context the person-occupation-environment relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support engagement and participation in meaningful occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATION COMPETENCIES:

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:

FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:

Please continue comments on separate page if required.

	Half Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Behaviour Competencies								
24. Work safely in compliance with health and safety regulations as specified in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Respond constructively to changing circumstances and demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Demonstrate an awareness of personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Demonstrate best use of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:

Please continue comments on separate page if required.

	Half Way Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Development Competencies								
33. Take responsibility for personal and professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Actively engage in supervision and request and utilise professional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Implement a learning contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Identify own personal and professional strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Maintain a record of personal and professional development (i.e. portfolio).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES:

FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES:

Please continue comments on separate page if required.

For University Use Only	
Date received:	
Reviewed by:	
Overall grade:	
Comments/Notes:	