Senior Freshmen Practice Education Assessment Form



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 Occupa	ational 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	То
NAME OF PRACTICE EDUCATOR(S)		
NUMBER OF DAYS ABSENT (ACROSS 8 WEEK PLACEMENT)		
TOTAL HOURS COMPLETED (ACROSS 8 WEEK PLACEMENT)		
	NT /Discussion in the land	
OVERALL LEVEL OF ACHIEVEMEN	NI (Please tick the box	relevant)
COMPETENT	NOT COMPETENT	

	varded a not competent g assessment, this indicates a			
SIGNATURE OF PRACT	FICE EDUCATOR(S)			
EMAIL OF EDUCATOR	/s			
SIGNATURE OF STUDI	ENT			
<u>Both</u> signatures are required	d and must be inputted on t	he day t	that the final assessm	nent is completed.
	STUDENT	HOL	JRS LOG	
Week (From – To) (dd	l/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 Educ	ator:		
Sick leave hours		Sick	leave hours	
Sick leave certified:	Yes No No	Sick	e up: leave cert arded to PEC*:	Yes No No
Other leave/absence	Number of hours: Reason:	I		
Number of public holidays:		Tota com	l hours pleted:	

Signature of Practice Educator:			Date:		
To be completed	by Student:				
Student Name		Student	: Signature ,	/ Date	
*I agree with the com	oleted hours	Date:			
Both signatures are required	and must be inputted o	on the day that the	e final assessm	nent is completed.	
	FINAL FORM	ATIVE ASS	ESSMEN	NT	
NAME OF STUDENT:					
NAME OF PRACTICE EI	DUCATOR:				
SUMMARY OF PRACTI	CE EDUCATOR'S CO	MMENTS AND	FEEDBACK		

STUDENT'S COMMENTS AND FEEDBACK	

HALF-WAY FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	
TWINIZ OF TRACTICE EDGCATION.	
SUMMARY OF PRACTICE EDUCATOR'S COMM	ENTS AND FEEDBACK
Please continue comments on separate page if I	reauired.
STUDENT'S COMMENTS AND FEEDBACK	

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

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

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

		Half Way Final Asses				essment			
		Not	essme		Not Competent Competent		Competent		
Oc	cupation Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
1.	Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.								
2.	Demonstrate through either verbal or written communication an understanding of the client's context the person-occupation-environment relationship.								
3.	Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.								
4.	Support engagement and participation in meaningful occupation.								

HALFWAY COMMENTS ON OCCUPATION COMPETENCIES:

FINAL COMMENTS ON C	OCCUPATION COMPETENCIES:	

		Half-Way Final Assessment Assessment					nt		
		Not	petent Competent Competent Competent				etent		
Со	mmunication Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
5.	Demonstrate listening, verbal and non- verbal communication skills, both formally and informally.								
6.	Give and receive feedback in an open and honest manner.								
7.	Present oral information in a clear, concise and well-structured manner both formally and informally.								
8.	Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.								
9.	Communicate effectively and in a professional manner with individuals.								
10.	Communicate effectively and in a professional manner in a group environment.								
11.	Use computer and/or communication technologies appropriately in the placement setting.								

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES:
FINAL COMMENTS ON COMMUNICATION COMPETENCIES:
Please continue comments on separate page if required.

		-Way			Fina	l Asse	essme	ent
	Not Comp	etent	Comp	etent	Not Comp	etent	Comp	etent
The Occupational Therapy Process Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
12. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.								
13. Demonstrate an integration of occupational therapy theory within practice.								
14. Demonstrate engagement in reflection and evaluation of practice.								
15. Facilitate a culturally sensitive approach to practice.								
16. Facilitate a client centred approach.								
17. Apply the principle of informed consent prior to and throughout the occupational therapy process.								

18. Demonstrate the use of observation and interview skills to gather relevant information.						
19. Select and administer appropriate standardised and non-standardised assessment tools.		[
20. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).		[
21. Facilitate effective individual and/or growork interventions.	up _					
22. Evaluate outcomes in collaboration with parties.	all	[
23. Prioritise and manage a caseload either group or individual, under supervision.		[

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:
FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES:
THAL COMMENTS ON OCCOLATIONAL MENALTH ROCESS COM ETENCIES.
Please continue comments on separate page if required.

	1	Half Way Assessment					Final Assessment				
		Not				Not Comp	etent	Comp	petent		
	ofessional Behaviour mpetencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced		
24.	Work safely in compliance with health and safety regulations as specified in the practice setting.										
25.	Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.										
26.	Adhere to confidentiality as described in the local context.										
27.	Present self in a manner appropriate to the working environment.										
28.	Respond constructively to changing circumstances and demands.										
29.	Demonstrate an awareness of personal and professional boundaries within practice.										
30.	Demonstrate a positive approach to clients and team members.										
31.	Demonstrate effective time management.										
32.	Demonstrate best use of resources available.										
HAI	LFWAY COMMENTS ON PROFESSIONAL BEH	AVIO	UR CC)MPE	TENC	IES:					

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:	

Not Evident Ont Evident	etent Emerging	Evident	ETEN	Not Evident	Detent Emerging	Comp	Etent Euhanced
Not Evident	Emerging	Evident	Enhanced	Not Evident			
DPME			ETEN	CIES:			
DPME	O O	 OMP	ETEN	CIES:			
DPME	O D	 OMP	ETEN	CIES:			
DPME		OMP	ETEN	CIES:			
PPME	ENT C	ОМР	ETEN	CIES:			
PME	ENT C	ОМР	ETEN	CIES:			
ENT (COMI	PETEN	NCIES	:			
E	NT	NT COMI	NT COMPETEN	NT COMPETENCIES	NT COMPETENCIES:	NT COMPETENCIES:	NT COMPETENCIES:

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Date received:	
Reviewed by:	
Overall grade:	
Comments/Notes:	