



Senior Sophister 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		
TOTAL HOURS COMPLETED (ACROSS 11 WEEKS)		

OVERALL LEVEL OF ACHIEVEMENT (Please tick the box relevant)	
COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/>
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	
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		
9. to		
10. to		
11. 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:	
Signature of Practice Educator:		Date:	

To be completed by Student:

Student Name	Student Signature / Date
*I agree with the completed hours	Date:

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

FINAL FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK:

Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK:

Please continue comments on separate page if required.

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.

Occupation Competencies	Halfway Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	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.	<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. Analyse the use and adaptation of occupations for the client's group and/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"/>
4. 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"/>
5. 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"/>
6. Demonstrate an awareness of occupational justice and occupational deprivation for the client and/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"/>

HALFWAY COMMENTS ON OCCUPATION COMPETENCIES:

Please continue comments on separate page if required.

FINAL COMMENTS ON OCCUPATION COMPETENCIES:

Please continue comments on separate page if required.

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES:

Please continue comments on separate page if required.

FINAL COMMENTS ON COMMUNICATION 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
The Occupational Therapy Process Competencies								
18. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Demonstrate an integration of occupational therapy theory 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"/>
20. Demonstrate an integration of relevant supporting evidence-based knowledge within 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"/>
21. Demonstrate a logical and systematic approach to problem solving and decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Demonstrate engagement in clinical reasoning to guide 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"/>
23. Demonstrate engagement in reflection and evaluation of 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"/>
24. Facilitate a culturally sensitive approach to 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"/>
25. Facilitate a client centred approach.	<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. Facilitate the active participation of the client in the team.	<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. Apply the principle of informed consent prior to and throughout the occupational therapy process.	<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. Demonstrate the use of observation and interview skills to gather relevant information.	<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. Select and administer appropriate standardised and non-standardised assessment tools.	<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. Analyse the effect of the person, the environment and the occupation factors on activity and participation.	<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. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).	<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. Plan, grade, implement and modify interventions that are outcome based and relevant to the person's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Facilitate effective individual and/or group work interventions.	<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. Demonstrate a working knowledge of group dynamics within the 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"/>
35. Evaluate outcomes in collaboration with all parties.	<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. Make onward referrals to other agencies or professionals to optimise responses to client needs.	<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. Plan and implement discharge and follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Prioritise and manage a caseload either group or individual, under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Demonstrate an ability to understand and manage risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Applies the concepts of advocacy in addressing the occupational needs of individuals, groups and communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Select and use assistive technologies or therapeutic modalities appropriately and safely in client interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Facilitate the service user's management of their own health and wellbeing.	<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 OCCUPATIONAL THERAPY PROCESS COMPETENCIES:

Please continue comments on separate page if required.

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								
43. 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"/>
44. 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"/>
45. Demonstrate an understanding of policy and legislation on local practice 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"/>
46. 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"/>
47. 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"/>
48. 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"/>
49. 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"/>
50. 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"/>
51. 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"/>
52. 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"/>
53. Demonstrate an ability to source, analyse and critique literature and research findings relating to 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"/>

HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:

Please continue comments on separate page if required.

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES:

Please continue comments on separate page if required.

	Halfway Assessment				Final Assessment			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Development Competencies								
54. 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"/>
55. 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"/>
56. 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"/>
57. 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"/>
58. 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:

Please continue comments on separate page if required.

FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES:

Please continue comments on separate page if required.

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Date received:

Reviewed by:

Overall grade:

Comments/Notes: