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| --- | --- | --- | --- | --- | --- | --- |
| **STUDENTS NAME:** | | | | | | |
| **Date Submitted:** | **Placement Location:** | | | | **OTP1 / OTP2 / OTP3**  (Please circle) | |
| **Practice Educators Comments:**  Please comment on achievement of placement competencies, overall attitude and proficiency of student within the text box below. Use and number the continuation sheets, if required. The PE must sign and date all continuation sheets  The students need to demonstrate achievement of all the placement competencies in order to pass the placement. If the student has passed and the learning contract has been signed-off, PEs will now need to grade the student’s overall performance on placement as: PASS, MERIT or DISTINCTION.  **DISTINCTION:**  The student has demonstrated outstanding / excellent application and autonomy of skills in achievement of the placement competencies (learning outcomes).  **MERIT**  The student has demonstrated very good application and autonomy of skills in the achievement of the placement competencies (learning outcomes).  **PASS**  The student has demonstrated satisfactory /good application and autonomy of skills in achievement of the placement competencies (learning outcomes).  Please do this on the bottom of this front page of the report.  Reports can be word processed using this template.The front sheet and any continuation sheets must be signed and dated by hand. Attach the original learning contract and one additional copy to this front sheet. 2 copies must be provided, signed by hand. | | | | | | |
|  | | | | | | |
| Learning outcomes achieved: (please circle) | YES / NO | Outcome (please circle / delete) | **Distinction** | | | **Merit** |
| Name of Practice Educator: | | **Pass** | | | **Fail** |
| Signature of Practice Educator: | | | | | | |
| PLEASE NOTE: Students are reminded that the outcome shown on this sheet when returned to you with feedback is PROVISIONAL ONLY, until ratified by the Examining Board | | | | | | |
| Continuation sheet no: | | | | | | |
| Student Name and number: | | | | | | |
| Placement Number and Location: | | | | | | |
| PRACTICE EDUCATOR COMMENTS CONTINUED: | | | | | | |
|  | | | | | | |
| Practice Educator Signature: | | | | DATE: | | |