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| **Student 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. Reports can be word processed using this template or handwritten on a printout of this document. The front sheet and any continuation sheets must be signed and dated by hand the student is responsible for submitting the signed learning contract and final report on return to UWE | | | | |
|  | | | | |
| Please confirm that service users have been consulted in the assessment of the student | | | | YES / NO |
| Have all learning outcomes been achieved? | | PASS | | FAIL |
| If you would like to nominate the student for a certificate of excellence, please compete the form available in the documents folder of the Occupational Therapy Pages on the Practice Support Net: <https://www1.uwe.ac.uk/students/practicesupportnet> | | | | |
| Name of Practice Educator: | | | | |
| 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 | | | | |

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| Continuation sheet no: | |
| Student Name and number: | |
| Placement Number and Location: | |
| **Practice Educator Comments Continued** | |
|  | |
| Practice Educator Signature: | DATE: |