

BSc Physiotherapy Practice Placement Assessment Form (Year 1)

UNIVERSITY OF
BIRMINGHAM

Instructions to Students:

- 1 One copy of this form is to be given to the Practice Educator at the beginning of each Practice Placement Module.
- 2 The form must be signed by both the practice educator(s) and student in the area indicated, placed in a sealed envelope with the educator's signature over the seal. Student's number, programme and year should be written on the envelope

NB It is the student's responsibility to submit this assessment form in the correct box in Reception, 52 Pritchatts Road, by **10am on the Friday following completion of the placement.** Failure to return the form will be taken as non-attendance. Late submission will incur a penalty (please refer to the assessment regulations laid down in the programme handbook)

Part 1: To be completed by the Student

Name: _____

Placement Location: _____

Experience Gained: _____

Part 2: To be completed by the Practice Educator On completion of the assessment process

Name: _____

Has the student been involved in a recorded incident whilst on placement?

YES / NO (delete as appropriate)

Final Mark: _____

| |
|---|
| % |
|---|

Practice Educator's Signature: _____

Date: _____

PART 3: To be completed by Student following completion of Part 2 by the Practice Educator

I have read this assessment and have had the opportunity to discuss the contents with my educators

I have completed/will complete the on-line Practice Placements Evaluation and Profile Forms

Student's Signature: _____

Date: _____

Practice Placement Time Sheet

| WEEK | HOURS | | | | | TOTAL |
|--------------------------------|-------|------|-----|-------|-----|--------------|
| | Mon | Tues | Wed | Thurs | Fri | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Total Placement Hours = | | | | | | |

BH= Bank Holiday SL=Sick Leave CL=Compassionate Leave OL=Other

Please record completed hours and note any public holidays or leave. (Students are expected to complete 32 hours per week)

PART 4: To be completed by the Practice Educators

The criteria below are based on the STUDENT KSF GUIDELINES which incorporates the NHS KSF GUIDELINES, HPC STANDARDS OF PROFICIENCY, CSP CORE STANDARDS, PRACTICE PLACEMENT MODULE LEARNING OUTCOMES. Please grade each section by referring to the PPAF marking guidelines.

SECTION 1: Individual Section Grades - Please write the student's grades (A-F) followed by the marks (0-100%) in the boxes provided. You may utilise the comments area to provide positive and negative feedback regarding any/all of the assessment sections as you see fit.

| | Grade | Mark | |
|---------------------------------|-------|---------|------|
| Communication | | % | |
| Personal & People Development | | % | |
| Professionalism | PASS | IMPROVE | FAIL |
| Health, Safety & Security | PASS | IMPROVE | FAIL |
| Equality & Diversity | PASS | IMPROVE | FAIL |
| Assessment & Treatment Planning | | % | |
| Interventions & Treatments | | % | |

Practice Educator's Signature

Date

NB: Every student should be evaluated against the placement specific learning outcomes using the **full range of possible marks (i.e. 0-100%)**. Marks should not be limited according to the year of study.

| Comments |
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