

Please complete the following:

* Student Name:

* Employer:

* Review Date:

* Start Date:

Scheduled hours to date:

Employer confirmed hours:

Placement objectives:

* Course:

* Tutor:

Visit Number:

* End Date:

* Student confirmed hours:

Review method:

☐

Face to face

☐

Virtual face to face

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Telephone call

☐

Email

☐

Other

Progress Indicators

* Overall Progress - Behaviour & Social Skills:

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Excellent

☐

Good

☐

Needs Support

Overall Progress - Behaviour & Social Skills notes:

Add notes

* Overall Progress - Knowledge & Technical Skills:

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Excellent

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Good

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Needs Support

Overall Progress - Knowledge & Technical Skills notes:

Add notes

* Behaviours - Professionalism:

☐

Excellent

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Good

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Needs Support

Behaviours - Professionalism notes:

Add notes

* Behaviours - Results Produced:

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Excellent

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Good

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Needs Support

Behaviours - Results Produced notes:

Add notes

* Behaviours - Teamwork:

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Excellent

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Good

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Needs Support

Behaviours - Teamwork notes:

* Behaviours - Communication:

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Excellent

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Good

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Needs Support

Behaviours - Communication notes:

* Behaviours - Responsibility:

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Excellent

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Good

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Needs Support

Behaviours - Responsibility notes:

* Technical Ability - Technical Understanding:

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Excellent

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Good

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Needs Support

Technical Ability - Technical Understanding notes:

* Technical Ability - Confidence:

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Excellent

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Good

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Needs Support

Technical Ability - Confidence notes:

• **Technical Ability** - Independence:

- ☐ Excellent ☐ Good ☐ Needs Support

Technical Ability - Independence notes:

• **Technical Ability** - Efficacy:

- ☐ Excellent ☐ Good ☐ Needs Support

Technical Ability - Efficacy notes:

• **Technical Ability** - Efficiency:

- ☐ Excellent ☐ Good ☐ Needs Support

Technical Ability - Efficiency notes:

• **Summary/review of progress against objectives:**

Please add any Employer feedback they have shared:

Please add any Learner feedback they have shared:

Quality of Employer:

- ☐ Exceeding expectations ☐ Meeting expectations ☐ Below expectations