Pre-registration Practice Education Risk of Failure Review Form

This form is completed by the placement educator in discussion with the university and the student. The use of the form acts as an official record of the review of the performance of a failing student. The student, the placement educator and the University must be provided with copies of this form. The original or a copy must be given to the placement administration team for confidential storage in the student’s placement file. Educator copies must be treated as confidential documents and must be destroyed when the student finishes the placement.

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| Student |  | Date |  |
| Programme of Study |  | Level/Type of Placement |  |
| Placement Educator |  | University Lecturer (if present) |  |
| Current student performance in relation to the indicators of poor performance identified on the original risk of failure form dated: | | | |
| Progress on Safe practice |  | | |
| Progress on effective practice |  | | |
| Progress on informed practice |  | | |
| Progress on  Occupation focused practice |  | | |
| Progress on Professional conduct |  | | |
| Current student performance in relation to the objectives to be achieved identified on the original risk of failure form/last review form dated: | | | |
| Progress on Objective 1 |  | | |
| Progress on Objective 2 |  | | |
| Progress on Objective 3 |  | | |
| Progress on Objective 4 |  | | |
| Progress on Objective 5 |  | | |
| Summary of student’s current level of performance: | | | |
| Student and date (cont.) | | | |
| Recommended Further Action: | | | |
| Is the student now passing the placement? YES NO  (If yes the student can be signed off from the risk of failure process below) | | | |
| Has the student now failed the placement? YES NO  (If yes sign off this form below and complete placement assessment documentation indicating failure of the placement). If you need any assistance/advice please ring Louise Andrews 01206 874312 | | | |
| Is the student still on a risk of failure? YES NO  (If yes indicate objectives to be met by next review, set review date and sign off below) | | | |
| Objectives to be achieved by next review: | | | |
| Objective 1 |  | | |
| Objective 2 |  | | |
| Objective 3 |  | | |
| Objective 4 |  | | |
| Objective 5 |  | | |
| Date of Review: (Reviews should usually be undertaken weekly until student is performing at the required level or has failed the placement) | | | |

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| Signature of Student |  |
| Signature of Practice Educator |  |
| Signature of University Lecturer (if present) |  |