

**BSc (Hons) Speech & Language Therapy (Pre-registration)**

**HS136 Year 1, Term 2/3 - Professional Development**

**Practice Placement Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name |  | | | |
| Registration Number |  | | | |
|  | Location 1 | Location 2 | | Location 3 |
| Dates of Placement |  |  | |  |
| Placement Facilitator |  |  | |  |
| Placement Site |  |  | |  |
| Placement type (e.g. Paediatric/Adult/Developmental) |  |  | |  |
| Retrieval Placement | Yes/No | | | |
| Visiting Lecturer |  | | Date of Visit(s) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **University use only:** | | Signature of Placement Facilitator & Date | | |
| Part 1 Health and Safety, Non-discriminatory practice and Professionalism | Pass/Fail | Location A | Location B | Location C |
| Part 2 Learning Outcomes | Pass/Fail |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Total Scores:** | **Pass/Excellent** |  | **Pass/Competent** |  | **Fail** |  |

|  |  |  |
| --- | --- | --- |
| **University use only:** | | |
| **Part 3 & 4 (portfolio)** | **Grade** | **Signature of University Lecturer**  **Date** |

If you have concerns/issues regarding this student please phone 01206 874557 or email sltplace@essex.ac.uk

If this booklet is misplaced please send to the address below or email [practiceplacements@essex.ac.uk](mailto:practiceplacements@essex.ac.uk)

SLT Placement Administrator

School of Health & Social Care

The Kimmy Eldridge Building

University of Essex

Wivenhoe Park

Colchester

Essex CO4 3SQ

**PLEASE NOTE**

**A student induction regarding the health & safety processes for each location must be completed.**

**LOCATION A**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

**Student Induction Record - Health & Safety**

Duties of Placement Providers

‘Under the Health and Safety (training for employment) Regulations 1990, students participating in work experience are regarded as the placement providers’ employees for the purpose of health and safety. Providers must therefore ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all their employees’.

Please note: for any incident affecting the student’s health or safety, please attach a copy of the incident form completed.

**On day 1 of the placement the student has been given information relating to:**

**Date** **Facilitator Student**

**completed Initials** **Initials**

* The named person to go to in the event of difficulties
* Information about the bleep system (where appropriate)

and relevant emergency telephone numbers

* Emergency procedures, including Cardiac Resuscitation

Procedures, Fire and Security

Also during their induction period, the following policies and procedures have been made available to the student:

**Date Facilitator Student**

**Completed Initials Initials**

* Incident Reporting
* Health & Safety including COSHH
* Manual Handling, Infection Control & Fire
* Harassment and Bullying
* Equal Opportunities

**PLEASE NOTE**

**A student induction regarding the health & safety processes for each location must be completed.**

**LOCATION B**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

**Student Induction Record - Health & Safety**

Duties of Placement Providers

‘Under the Health and Safety (training for employment) Regulations 1990, students participating in work experience are regarded as the placement providers’ employees for the purpose of health and safety. Providers must therefore ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all their employees’.

Please note: for any incident affecting the student’s health or safety, please attach a copy of the incident form completed.

**On day 1 of the placement the student has been given information relating to:**

**Date** **Facilitator Student**

**completed Initials** **Initials**

* The named person to go to in the event of difficulties
* Information about the bleep system (where appropriate)

and relevant emergency telephone numbers

* Emergency procedures, including Cardiac Resuscitation

Procedures, Fire and Security

Also during their induction period, the following policies and procedures have been made available to the student:

**Date Facilitator Student**

**Completed Initials Initials**

* Incident Reporting
* Health & Safety including COSHH
* Manual Handling, Infection Control & Fire
* Harassment and Bullying
* Equal Opportunities

**PLEASE NOTE**

**A student induction regarding the health & safety processes for each location must be completed.**

**LOCATION C**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

**Student Induction Record - Health & Safety**

Duties of Placement Providers

‘Under the Health and Safety (training for employment) Regulations 1990, students participating in work experience are regarded as the placement providers’ employees for the purpose of health and safety. Providers must therefore ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all their employees’.

Please note: for any incident affecting the student’s health or safety, please attach a copy of the incident form completed.

**On day 1 of the placement the student has been given information relating to:**

**Date** **Facilitator Student**

**completed Initials** **Initials**

* The named person to go to in the event of difficulties
* Information about the bleep system (where appropriate)

and relevant emergency telephone numbers

* Emergency procedures, including Cardiac Resuscitation

Procedures, Fire and Security

Also during their induction period, the following policies and procedures have been made available to the student:

**Date Facilitator Student**

**Completed Initials Initials**

* Incident Reporting
* Health & Safety including COSHH
* Manual Handling, Infection Control & Fire
* Harassment and Bullying
* Equal Opportunities

**PLEASE NOTE**

**A learning contract must be completed for each location.**

Part of induction is the **learning contract** completed by the student and discussed with the placement facilitators. This is intended to assist both students and staff in identifying individual needs and in planning the progression of the placement. Please be aware that students with specific learning needs should be assessed as to whether they can achieve the learning outcomes only once appropriate support strategies have been implemented.

**LOCATION A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | | **Site** | | **Facilitator** |
| **Personal Placement Needs and Aims** | | | **Identified Specific Learning Needs** | |
| Needs identified before placement starts or following previous placement **(to be completed by student prior to placement)** | | | Ihave disclosed a disability or specific learning need to my facilitator. **Yes/No**  **Date:**  **Sign by facilitator:**  **Sign by student:**  If yes, the ways in which this may impact upon my learning experience have been identified and discussed.  Strategies to be implemented include: | |
| **Current placement location expectation and aims**  (Agreed in discussion with Placement Facilitator) | | | **Discussion and Actions**  (Identified by discussion with placement facilitator) | |
| **1** |  | |  | |
| **2** |  | |  | |
| **3** |  | |  | |

**PLEASE NOTE**

**A learning contract must be completed for each location.**

Part of induction is the **learning contract** completed by the student and discussed with the placement facilitators. This is intended to assist both students and staff in identifying individual needs and in planning the progression of the placement. Please be aware that students with specific learning special needs should be assessed as to whether they can achieve the learning outcomes only once appropriate support strategies have been implemented.

**LOCATION B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | | **Site** | | **Facilitator** |
| **Personal Placement Needs and Aims** | | | **Identified Specific Learning Needs** | |
| Needs identified before placement starts or following previous placement **(to be completed by student prior to placement)** | | | Ihave disclosed a disability or specific learning need to my facilitator. **Yes/No**  **Date:**  **Sign by facilitator:**  **Sign by student:**  If yes, the ways in which this may impact upon my learning experience have been identified and discussed.  Strategies to be implemented include: | |
| **Current placement location expectation and aims**  (Agreed in discussion with Placement Facilitator) | | | **Discussion and Actions**  (Identified by discussion with placement facilitator) | |
| **1** |  | |  | |
| **2** |  | |  | |
| **3** |  | |  | |

**PLEASE NOTE**

**A learning contract must be completed for each location.**

Part of induction is the **learning contract** completed by the student and discussed with the placement facilitators. This is intended to assist both students and staff in identifying individual needs and in planning the progression of the placement. Please be aware that students with specific learning needs should be assessed as to whether they can achieve the learning outcomes only once appropriate support strategies have been implemented.

**LOCATION C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | | **Site** | | **Facilitator** |
| **Personal Placement Needs and Aims** | | | **Identified Specific Learning Needs** | |
| Needs identified before placement starts or following previous placement **(to be completed by student prior to placement)** | | | Ihave disclosed a disability or specific learning need to my facilitator. **Yes/No**  **Date:**  **Sign by facilitator:**  **Sign by student:**  If yes, the ways in which this may impact upon my learning experience have been identified and discussed.  Strategies to be implemented include: | |
| **Current placement location expectation and aims**  (Agreed in discussion with Placement Facilitator) | | | **Discussion and Actions**  (Identified by discussion with placement facilitator) | |
| **1** |  | |  | |
| **2** |  | |  | |
| **3** |  | |  | |

**PLEASE NOTE**

**A Part 1 assessment must be completed for each location.**

# Part 1 - LOCATION A

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

**Failure of any objective in part 1 will override part 2, 3 and 4 of the assessment and cause the student to fail the placement**. If there are concerns relating to the student’s performance in Part 1, please contact the University immediately on **01206 874557**.

Record of warnings must be completed in situations where there are concerns relating to safety or professional behaviour and must be signed by both Student and Placement Facilitator.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 1** | **Fail** | | | | |
| **1). Integrates health and safety legislation into speech and language therapy practice taking account of local policy and procedures.** | Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling, hazard control and risk management).   * Persistently fails to protect self or use protective equipment correctly. * Is unaware of or disregards the contraindications of treatment. * Persistently applies treatment techniques and handling skills in a way which puts patient and/or self at risk. * Is unreliable in reporting and often fails to tell the facilitator about adverse findings and/or patient complaints. * Persists in unsafe practice despite verbal instruction and/or warnings. | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **Part 1: Learning Outcome 1**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 2** | **Fail** | | | | |
| **2) Demonstrates non-discriminatory practice.** | May exploit the mutual trust and respect inherent within a therapeutic relationship. Persistently fails to uphold, the rights, dignity and autonomy of patient’s, including their role in the diagnostic and therapeutic process | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **Part 1: Learning Outcome 2**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

|  |  |
| --- | --- |
| **Learning Outcome 3** | **Fail** |
| **3) Fulfil all responsibilities related to legal ethical and local considerations of professional practice including clinical information (HPC, 2003).** | Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Persistently demonstrates poor record keeping. Does not respect patient confidentiality. Poor / or inappropriate standards of dress and/or hygiene. Persists in unprofessional behaviour despite verbal instructions and/or warnings. |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | |
| **References:**  Health Professions Council – HPC (2008) Standards of Conduct, Performance and Ethics. The Health Professions Council, London.  Health Professions Council – HPC (2010) Guidance on Ethics and Conduct for Students The Health Professions Council, London.  Royal College of Speech and Language Therapists RCSLT (2005) National Standards for Practice Based Learning RCSLT London. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 1: Learning Outcome 3**  **Signed / dated: ……………………………** | **Pass** |  | **Fail** |  |

**We encourage Placement Facilitators and Students to actively use this section throughout the placement.** A reminder:If there are concerns relating to the Student’s performance in Part 1, please contact the University immediately on **01206 874557**.

**Please ensure you have ticked either pass or fail and signed and dated all three learning outcomes in this section. If not completed, you will be contacted by the relevant University to clarify the students pass or fail status for this section.**

For any objective failed, please outline the reasons and actions taken why in the box below:

|  |
| --- |
| Reason for failure and actions taken  Signatures of:  Placement Facilitator:……………………… Date………Student:…………………………Date….. . |

**PLEASE NOTE**

**A Part 1 assessment must be completed for each location.**

# Part 1 - LOCATION B

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

**Failure of any objective in part 1 will override part 2, 3 and 4 of the assessment and cause the student to fail the placement**. If there are concerns relating to the student’s performance in Part 1, please contact the University immediately on **01206 874557**.

Record of warnings must be completed in situations where there are concerns relating to safety or professional behaviour and must be signed by both Student and Placement Facilitator.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 1** | **Fail** | | | | |
| **1). Integrates health and safety legislation into speech and language therapy practice taking account of local policy and procedures.** | Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling, hazard control and risk management).   * Persistently fails to protect self or use protective equipment correctly. * Is unaware of or disregards the contraindications of treatment. * Persistently applies treatment techniques and handling skills in a way which puts patient and/or self at risk. * Is unreliable in reporting and often fails to tell the facilitator about adverse findings and/or patient complaints. * Persists in unsafe practice despite verbal instruction and/or warnings. | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **Part 1: Learning Outcome 1**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 2** | **Fail** | | | | |
| **2) Demonstrates non-discriminatory practice.** | May exploit the mutual trust and respect inherent within a therapeutic relationship. Persistently fails to uphold, the rights, dignity and autonomy of patient’s, including their role in the diagnostic and therapeutic process | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **Part 1: Learning Outcome 2**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

|  |  |
| --- | --- |
| **Learning Outcome 3** | **Fail** |
| **3) Fulfil all responsibilities related to legal ethical and local considerations of professional practice including clinical information (HPC, 2003).** | Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Persistently demonstrates poor record keeping. Does not respect patient confidentiality. Poor / or inappropriate standards of dress and/or hygiene. Persists in unprofessional behaviour despite verbal instructions and/or warnings. |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 1: Learning Outcome 3**  **Signed / dated: ……………………………** | **Pass** |  | **Fail** |  |

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**Please ensure you have ticked either pass or fail and signed and dated all three learning outcomes in this section. If not completed, you will be contacted by the relevant University to clarify the students pass or fail status for this section.**

For any objective failed, please outline the reasons and actions taken why in the box below:

|  |
| --- |
| Reason for failure and actions taken  Signatures of:  Placement Facilitator:……………………… Date………Student:…………………………Date….. . |

**PLEASE NOTE**

**A Part 1 assessment must be completed for each location.**

# Part 1 - LOCATION C

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

**Failure of any objective in part 1 will override part 2, 3 and 4 of the assessment and cause the student to fail the placement**. If there are concerns relating to the student’s performance in Part 1, please contact the University immediately on **01206 874557**.

Record of warnings must be completed in situations where there are concerns relating to safety or professional behaviour and must be signed by both Student and Placement Facilitator.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 1** | **Fail** | | | | |
| **1). Integrates health and safety legislation into speech and language therapy practice taking account of local policy and procedures.** | Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling, hazard control and risk management).   * Persistently fails to protect self or use protective equipment correctly. * Is unaware of or disregards the contraindications of treatment. * Persistently applies treatment techniques and handling skills in a way which puts patient and/or self at risk. * Is unreliable in reporting and often fails to tell the facilitator about adverse findings and/or patient complaints. * Persists in unsafe practice despite verbal instruction and/or warnings. | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **Part 1: Learning Outcome 1**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 2** | **Fail** | | | | |
| **2) Demonstrates non-discriminatory practice.** | May exploit the mutual trust and respect inherent within a therapeutic relationship. Persistently fails to uphold, the rights, dignity and autonomy of patient’s, including their role in the diagnostic and therapeutic process | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **Part 1: Learning Outcome 2**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

|  |  |
| --- | --- |
| **Learning Outcome 3** | **Fail** |
| **3) Fulfil all responsibilities related to legal ethical and local considerations of professional practice including clinical information (HPC, 2003).** | Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Persistently demonstrates poor record keeping. Does not respect patient confidentiality. Poor / or inappropriate standards of dress and/or hygiene. Persists in unprofessional behaviour despite verbal instructions and/or warnings. |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical facilitator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | |
| **References:**  Health Professions Council – HPC (2008) Standards of Conduct, Performance and Ethics. The Health Professions Council, London.  Health Professions Council – HPC (2010) Guidance on Ethics and Conduct for Students The Health Professions Council, London.  Royal College of Speech and Language Therapists RCSLT (2005) National Standards for Practice Based Learning RCSLT London. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 1: Learning Outcome 3**  **Signed / dated: ……………………………** | **Pass** |  | **Fail** |  |

**We encourage Placement Facilitators and Students to actively use this section throughout the placement.** A reminder:If there are concerns relating to the Student’s performance in Part 1, please contact the University immediately on **01206 874557**.

**Please ensure you have ticked either pass or fail and signed and dated all three learning outcomes in this section. If not completed, you will be contacted by the relevant University to clarify the students pass or fail status for this section.**

For any objective failed, please outline the reasons and actions taken why in the box below:

|  |
| --- |
| Reason for failure and actions taken  Signatures of:  Placement Facilitator:……………………… Date………Student:…………………………Date….. . |

**Part 2 Learning Outcomes:**

This part contains three areas of practice (sections) on which the student is assessed.

* Interpersonal Skills
* Professional Knowledge
* Professional Skills

Learning outcomes have been identified and listed for each section. The learning outcomes indicate what the student should have achieved by the **end** of the placement (after all three locations). Students are expected to progress in their learning and achievement across the course of the placement; they may achieve progress at different rates across the different locations.

At the end of the time in each location there should be an opportunity for formative feedback when the student and Placement facilitator discuss the progress the student is making. Placement facilitators record a student’s achievement against learning outcomes as:

|  |  |
| --- | --- |
| **Descriptor** | **Action** |
| ‘exceeding’ expected level | Student and Placement Facilitator reflect on student’s strengths at this stage of the placement and consider extension activities. |
| ‘meeting’ expected level | Student and Placement Facilitator reflect on continued development needs |
| ‘working towards’ expected level | Student and Placement Facilitator devise action plan to support achievement |
| ‘at risk of failure’ | Student, Placement Facilitator and University Lecturer convene meeting to address concern; a Danger of Failure process must be triggered. |

**If it is identified at interim assessment or at any other time that the student has learning needs which may give rise to a Danger of Failure then the Placement Facilitator should contact the University Speech and Language Therapy Team immediately to arrange a three way meeting and the implementation the Danger of Failure Process**

The final assessment will take the form of collaborative discussion between the student and a university lecturer. Students will bring written evidence of how they have achieved the outcomes at each location including activities undertaken, resources they have accessed and significant learning events.

By the end of the placement the student should be able to evidence the achievement of all the following Learning Outcomes:

|  |  |
| --- | --- |
| **Level** | **Description** |
| Pass-competent | Student has completely passed the learning outcome for their current stage of training. |
| Pass – excellent | Student has demonstrated excellent ability for their current stage of training (area of relative strength) |
| Fail | Learning outcome not achieved – initiate retrieval placement process. |

\* The term ‘client/student’ is used to refer to the identified person with whom you are interacting (e.g. pupil, FE student, device user, patient or resident) therefore a communication partner in any setting.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Interpersonal Skills** | **Location A** | | | | **Location B** | | | | **Location C** | | | |
|  | Exceeding | Meeting | Working Towards | Risk of Failure | Exceeding | Meeting | Working Towards | Risk of Failure | Exceeding | Meeting | Working Towards | Risk of Failure |
| 1. Actively seek to establish working relationships and effective communication channels (e.g. initiating dialogue in appropriate format, asking questions, seeking clarification). |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Explore how personal communication can be adapted (including the use of non-verbal communication strategies) to accommodate the \*client/student’s needs (e.g. physical, social, cognitive, psychological). |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Be comfortable and relaxed in the company of clients/students. Have the interpersonal skills to engage communication partners in cooperative activity. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Able to communicate and work cooperatively with parents/carers/partners/family where appropriate, responding to feedback and information. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Effectively communicate and work cooperatively with setting staff, responding appropriately to feedback and information. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Explore and seek to establish a developing professional identity (e.g. demonstrate engagement, curiosity, respect towards others, professional values). |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional Knowledge** | **Location A** | | | | **Location B** | | | | **Location C** | | | |
|  | Exceeding | Meeting | Working Towards | Risk of Failure | Exceeding | Meeting | Working Towards | Risk of Failure | Exceeding | Meeting | Working Towards | Risk of Failure |
| 1. Understand the current/potential role and scope of SLT within EACH location. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Understand the importance of involving significant others in the client/students service delivery e.g. care/education. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Understand the role of other professionals within the location e.g. teachers/ care assistants/ specialists. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Be aware of terminology specific to the location; seek clarification and further information to extend your understanding. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Explore different methods of data collection and develop skills to record appropriate information from the placement location whilst respecting confidentiality. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Understand the importance and adhere to the process of maintaining confidentiality and seeking informed consent. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Be aware of the factors that may impact on the delivery of a service (e.g. culture, age, ethnicity, gender, religious beliefs, sexuality and socio-economic status) and the ways in which these must be accommodated within a non-discriminatory provision. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional Skills** | **Location A** | | | | **Location B** | | | | **Location C** | | | |
|  | Exceeding | Meeting | Working Towards | Risk of Failure | Exceeding | Meeting | Working Towards | Risk of Failure | Exceeding | Meeting | Working Towards | Risk of Failure |
| 1. Manage own time efficiently and meet work deadlines as required for EACH location. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Understand and integrate your learning needs with the work agenda of EACH location. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Recognise and reflect on the strengths and limitations of your personal and professional knowledge and skills. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Actively seek advice and ask questions to further understanding and demonstrate engagement within EACH location. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Explore and actively demonstrate a developing professional persona appropriate to EACH location e.g. appearance, attitude, engagement and confidence. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| 1. Demonstrate good timekeeping and attendance. |  |  |  |  |  |  |  |  |  |  |  |  |
| Evidence | | | | | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |  |  |  |  |

**PLEASE NOTE**

**Recommendations / Action Plan for Future Learning / Practice Placements must be completed for each location.**

**Recommendations / Action Plan for Future Learning / Practice Placements - LOCATION A**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

This section should be completed collaboratively by the Student and Placement Facilitator with the aim of facilitating the student’s continuing development (CPD). This should include **strengths and areas for development** which the Student can take forward into their next practice placement experience.

**All written comments must be discussed by the Student and Placement Facilitators before the document is signed.**

|  |
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|  |

|  |  |
| --- | --- |
| **Name of Practice Facilitator:** |  |
| **Signature of Practice Facilitator:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Student Signature:** |  |
| **Date:** |  |

**NB. Please ensure you have also signed the front page of this assessment document.**

**Please photocopy this page before final hand-in to direct your future learning**

**PLEASE NOTE**

**Recommendations / Action Plan for Future Learning / Practice Placements must be completed for each location.**

**Recommendations / Action Plan for Future Learning / Practice Placements - LOCATION B**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

This section should be completed collaboratively by the Student and Practice Facilitator with the aim of facilitating the student’s continuing development (CPD). This should include **strengths and areas for development** which the Student can take forward into their next practice placement experience.

**All written comments must be discussed by the Student and Practice Facilitators before the document is signed.**

|  |
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|  |

|  |  |
| --- | --- |
| **Name of Practice Facilitator:** |  |
| **Signature of Practice Facilitator:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Student Signature:** |  |
| **Date:** |  |

**NB. Please ensure you have also signed the front page of this assessment document.**

**Please photocopy this page before final hand-in to direct your future learning**

**PLEASE NOTE**

**Recommendations / Action Plan for Future Learning / Practice Placements must be completed for each location.**

**Recommendations / Action Plan for Future Learning / Practice Placements - LOCATION C**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

This section should be completed collaboratively by the Student and Practice Facilitator with the aim of facilitating the student’s continuing development (CPD). This should include **strengths and areas for development** which the Student can take forward into their next practice placement experience.

**All written comments must be discussed by the Student and Practice Facilitators before the document is signed.**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Name of Practice Facilitator:** |  |
| **Signature of Practice Facilitator:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Student Signature:** |  |
| **Date:** |  |

**NB. Please ensure you have also signed the front page of this assessment document.**

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**Part 3 – Placement Workbook for professional development**

**Assessed BY UNIVERSITY**

Part 3 examines the development of core SLT skills and theory to practice links.

The student is required to complete the ‘Workbook for pre-clinical skills development’ during the course of the placement (see separate booklet). Within this booklet, the student will demonstrate practical experiences gained during the placement and application of theory to practice. The student is encouraged to work independently through the activities in the workbook, but may wish to seek guidance from their practice facilitator if needed.

The student’s completed workbook should be submitted to the University at the end of the placement and will be marked by the placement team.

The placement workbook will be assessed as part of the placement portfolio.

**Part 4 - Reflective Commentary**

**Assessed BY UNIVERSITY**

The student is required to write a reflective commentary for the placement. The reflective commentary consists of three parts;

* One 500 word post-placement personal goal setting statement written at the end of the placement considering what they are hoping to get out of future placements, how they will achieve this, what they are feeling etc.
* Two 500 word reflections focussing on critical learning events during the placement .

The reflections and goal setting plan will be assessed as part of the placement portfolio

**Record of Placement Hours Completed**

**LOCATION A**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

The university is required to ensure that all students have the opportunity to complete a total 150 sessions / 575 hours of placement experience. The Student completes this record but **the Placement Facilitators shouldmonitor and sign** that the record is accurate.

This placement equates to 30 sessions (where a session is 3.5 hours), 15 days or 52.5 hours in total.

**If not completed, placement facilitators will be contacted by the Student or relevant University to clarify the Student’s clinical sessions and hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Sessions** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total: | Total: |
| **Absences and Reasons:** | | | |

**I confirm that this is an accurate record of the hours completed by the student.**

|  |  |
| --- | --- |
| **Name of placement facilitator:** |  |
| **Signature of placement facilitator:** |  |
| **Date:** |  |
|  | |
| **Student name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Record of Placement Hours Completed**

**LOCATION B**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

The university is required to ensure that all students have the opportunity to complete a total 150 sessions / 575 hours of placement experience. The Student completes this record but **the Placement Facilitators shouldmonitor and sign** that the record is accurate.

This placement equates to 30 sessions (where a session is 3.5 hours), 15 days or 52.5 hours in total.

**If not completed, placement facilitators will be contacted by the Student or relevant University to clarify the Student’s clinical sessions and hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Sessions** | **Hours** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total: | Total: |
| **Absences and Reasons:** | | | |

**I confirm that this is an accurate record of the hours completed by the student.**

|  |  |
| --- | --- |
| **Name of placement facilitator:** |  |
| **Signature of placement facilitator:** |  |
| **Date:** |  |
|  | |
| **Student name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Record of Placement Hours Completed**

**LOCATION C**

|  |  |  |
| --- | --- | --- |
| **Date** | **Site** | **Facilitator** |

The university is required to ensure that all students have the opportunity to complete a total 150 sessions / 575 hours of placement experience. The Student completes this record but **the Placement Facilitators shouldmonitor and sign** that the record is accurate.

This placement equates to 30 sessions (where a session is 3.5 hours), 15 days or 52.5 hours in total.

**If not completed, placement facilitators will be contacted by the Student or relevant University to clarify the Student’s clinical sessions and hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Sessions** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total: | Total: |
| **Absences and Reasons:** | | | |

**I confirm that this is an accurate record of the hours completed by the student.**

|  |  |
| --- | --- |
| **Name of placement facilitator:** |  |
| **Signature of placement facilitator:** |  |
| **Date:** |  |
|  | |
| **Student name:** |  |
| **Signature:** |  |
| **Date:** |  |

UNIVERSITY OF ESSEX USE ONLY

**Final Assessment discussion**

To be held at University with Placement Tutors after Location C.

Student will lead the discussion with tutor regarding their performance on placement and in group supervision sessions. The evidence collated through the assessment booklet, placement workbook and any resources developed or used should be presented.

|  |
| --- |
| Record of discussion |

|  |  |  |
| --- | --- | --- |
| Location A | | |
| Pass – excellent | Pass – competent | Fail |
| Location B | | |
| Pass – excellent | Pass – competent | Fail |
| Location C | | |
| Pass – excellent | Pass – competent | Fail |

|  |  |  |
| --- | --- | --- |
| Overall Placement Attainment  Pass/Fail | Tutor signature | Date |