**Work placement evaluation form***(February 2017 version)*

**Section below to be filled in by student**

**Evaluation form:**

**Name of student: Student number:**

**Work placement tutor:**

**Work placement tutor's email:**

**Student's email:**

**Administration email:**

**Route details:**

**Work placement period:** from to

**Name of institution:**

**Department / specialism:**

**Name of work placement supervisor 1:**

**\*Name of work placement supervisor 2:**

**\*Name of work placement supervisor 3:**

**Institution email address for evaluation:***\*leave blank if not applicable*

**Advisory assessment of the student by the work placement provider**

**Roles - Fill in for each role:
Not passed, passed level 1, passed level 2, passed level 3 or passed level 4**

Care provider Health promoter

Communicator Organiser

Co-operation partner Professional & quality promoter

Reflective EBP professional

**Motivation:**

**\*In case of work experience not being completed** *room for motivation* i*n above field*

**Placement prematurely ended: Yes or No Date:**

**The following section to be filled in by work placement tutor only**

**Assessment of the student by the work placement tutor**

**Roles - Fill in for each role:
Not passed, passed level 1, passed level 2, passed level 3 or passed level**

Care provider Health promoter

Communicator Organiser

Co-operation partner Professional & quality promoter

Reflective EBP professional

**Final assessment by the tutor**

**WP-1** Pass/Fail **WP-2** Pass/Fail  **WP-3** Pass/Fail **Grade WP-4** 1/10

**If work placement is incomplete:**

The work placement can be assessed as: Yes/No

 **Name of work placement tutor:**

**Motivation**