



# FORMAL REVIEW OF B PLACEMENT TOOL

Student Name:	
Lead Practice Educator Name:	
Location of Placement:	
Placement Start Date:	
Placement Finish Date:	
Number of Weeks Completed:	

Record of Attendance:		
Date of absence	Date of return to placement	Duration of absence (days)
Total number of days absence* =		
<b>Identity check:</b> "I confirm that the student has had their identity checked at the start of this placement." Please check one box as applicable  Matriculation card <input type="checkbox"/> Photo driving licence <input type="checkbox"/> Other official photo ID <input type="checkbox"/> Please specify _____		
Signature		Date
PRINT		

Please use the key below to code the student's level of competency for each of the 7 competencies listed in the table. Please justify these fully so that further action can be taken, where appropriate.

The review will be facilitated by the Lead Practice Educator and in collaboration with the student. By signing the declaration at the end of this form, both parties are in agreement that this review is an accurate record of the student's achievements.

Codes:

For each competency the student has demonstrated that they have:

**M = Met expectations of competency**

**F = As yet, failed to meet competency**

Domain	Competency demonstrated	Code	Justification	Action Plan
<b>Health care professionalism</b>	1. Consistent professional behaviour within legal and ethical boundaries of their profession (HCPC code of conduct)		Student	
			Educator	
<b>Communication</b>	2. Effective and appropriate communication skills with individuals and groups		Student	
			Educator	
<b>Process for Nutrition and Dietetic Practice</b>	3. Applies an evidence-based approach to the identification of nutritional need and assessment		Student	
			Educator	
	4. Applies an evidence-based approach to the identification of nutrition and dietetic diagnosis		Student	
			Educator	
	5. Applies an evidence-based approach to the planning of nutrition and dietetic interventions		Student	
			Educator	

Domain	Competency demonstrated	Code	Justification	Action Plan
	6. Applies an evidence-based approach to the implementation of nutrition and dietetic interventions		Student	
			Educator	
Quality	7. Improves practice through continuous and systematic evaluation		Student	
			Educator	

Please use this space to document, if appropriate, any additional areas which need to be developed (in the remainder of the placement or upon return to University)

By signing this paperwork, both parties are in agreement that this review is an accurate record of the student's achievements.

Student Signature		Date	
PRINT			

Lead Practice Educator Signature		Date	
PRINT			