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| --- | --- |
|  | **Discipline of Occupational Therapy, NUI Galway** |

**FORM 37C: 2ND, 3RD AND 4TH YEAR PLACEMENTS PRACTICE EDUCATOR FEEDBACK**

**NB:** Please be advised that the information provided on this form is for evaluation purposes only and personal details will not be used when providing feedback.

|  |  |
| --- | --- |
| **Practice Educators Name:** |  |
| **Student Name(s):** |  |
| **Dates of Placement:** |  |
| **Placement Level:** |  |

**PREPARATION**

**1. Do you feel satisfied that the University prepared the student adequately for this placement?**

Yes  No

|  |
| --- |
| **Comments:** |

1. **Are you satisfied with the student’s correspondence prior to the placement?**

Yes  No

|  |
| --- |
| **Comments:** |

1. **Are you satisfied with the University’s correspondence prior to placement?**

Yes  No

|  |
| --- |
| **Comments:** |

1. Did you find the Practice Educator’s Handbook helpful?

|  |
| --- |
| **Comments:** |

**KNOWLEDGE, SKILLS & ATTITUDES**

Please comment on student’s knowledge, skills and attitude relative to stage of training.

|  |
| --- |
| **Comments:** |

**DOCUMENTATION**

Please comment on University’s paperwork used for placement and provide any suggestions (i.e. method of application, content, presentation or format).

|  |
| --- |
| **Learning Contract:** |
| **Supervision Forms:** |
| **Half-way / Final Report:** |

**PRACTICE EDUCATION PHONE CALL**

Did you find the phone call OR Visit from the University Practice Education Co-ordinator, lecturer or Practice Education facilitator helpful?

Yes  No

|  |
| --- |
| **Comments:** |

**SUPPORT**

Do you feel the level of support provided by the University is adequate?

Yes  No

|  |
| --- |
| **Comments:** |

**PRACTICE EDUCATORS WORKSHOPS**

Have you attended an NUI Galway Practice Educators Workshop?

Yes  No

If no, please indicate if you or members of your team would be interested in attending future workshops.

|  |
| --- |
| **Names:** |

**SUMMARY & RECOMMENDATIONS**

Please suggest any further recommendations you may have.

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| --- |
| **Further Recommendations:** |

Many thanks for taking the time to complete this questionnaire.

**Practice Education Co-ordinator**

**Áras Moyola**

**NUI Galway**

**Please note this may be sent via survey monkey**