**Discipline of Occupational Therapy**

Form 27A: Concerns Identified During Placement Form

This form provides a record for the University and the student that there are concerns regarding achieving competence at the end of placement and that there is an indication of risk of failure of the placement.

|  |  |
| --- | --- |
| **Name of Student:** |  |
| **Name of Site:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Telephone Number of Site:** |  |
| **Name of Practice Educator(s):** |  |
| **Practice Educator Email:** |  |
| **Practice Educator Phone:** |  |
|  |  |
| **Year of Student:** | 2nd Year [ ]  | 4th Year [ ]  |
| **Placement Block:** | Block 1 [ ]  | Block 2 [ ]  |

**List a brief outline of competency areas that may indicate a risk of failure of placement. Give a minimum of two examples of performance that indicates concerns.**

**Please list the feedback given to the student on what they need to do to achieve competence in these areas.**

**Signature of Practice Educator:**  **Date:**

**Signature of Student:**  **Date:**