



Name: _								
Dates of	f Placement :							
Student	's Educational Orga	anisation:						
Location	n of Placement :							
Clinical	Facilitator :							
Precept	ors in Placement L	ocation :						
Student	's objectives for clir	nical placem	ent:					
Week 1 Dates	Rostered Shift	On Time Yes / No	Uniform clea & tidy Yes / No	มา	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)	
				-				
Comme	nts:							
Experie								
Date	Description of Experience / Observation				eceptor sign	Comr	nments	





Week 2 Dates	Rostered Shift	On Time Yes / No	Uniform cle & tidy Yes / No		Attended / Signed by Preceptor	No. of Patients cared for.	Independen or Shadowin (I / S)		
Comme	ents:								
Experie			21			1 0			
Date	Description of E	xperience / (Observation	Pr	Preceptor sign Comments				
				•					
Week 3 Dates	Rostered Shift	Shift On Time Uniform clo Yes / No & tidy Yes / No		Signed by		No. of Patients cared for.	Independen or Shadowin (I / S)		
Comme	ents:								
				-					
Experie	nces								
Date	Description of Experience / Observation				Preceptor sign Comments				
24.0									





Week 4 Dates	Rostered Shift	On Time Yes / No	Uniform cle & tidy Yes / No		Attended / Signed by Preceptor	No. of Patients cared for.	Independen or Shadowin (I / S)
Comme	ents:						
Experie	nces			-			
Date	Description of Ex	xperience / (Observation	Pr	eceptor sign	Comr	ments
Week 5 Dates	Yes / No		Uniform cle & tidy Yes / No		Attended / Signed by Preceptor	No. of Patients cared for.	Independen or Shadowin (I / S)
Comme	ents: 						
Experie	ences						
Date	Description of Exp	oerience / Ol	oservation	Pre	ceptor sign	Comm	ents





Week 6 Dates	Rostered Shift	On Time Yes / No	Uniform cle & tidy Yes / No		Attended / Signed by Preceptor	No. of Patients cared for.	Independen or Shadowin (I / S)
Comme	ents:						
Experie	ences						
Date	Description of E	xperience / (Observation	Pr	receptor sign	Comi	nents
Wook	Rostered Shift	On Time	I Iniform als		Attended /	No. of	Indonondon
Week 7 Dates	Rostered Smit	Yes / No	Uniform cle & tidy Yes / No	Signed by Preceptor		Patients cared for.	Independen or Shadowin (I / S)
Comme	ents:						
Experie							
Date	Description of Exp	perience / Ol	oservation	Pre	ceptor sign	Comm	ents



Week

Rostered Shift

On Time

Student Placement Attendance Record

Uniform clean

Attended /

No. of



Independent

8 Dates		Yes / No	& tidy Yes / No		Signed by Preceptor	Patients cared for.	or Shadowi (I / S)	
Comme	nts:	<u> </u>				l	l	
Experie	nces							
Date	Description of Ex	kperience / C	Observation	Prec	eptor sign	Comr	nents	
Student	s comments at con	npletion of p	lacement:					
Precepto	ors's comments at o	completion o	of placement:					
Facilitate	ors's comments at o	completion o	of placement:					