

Name: _____

Dates of Placement : _____

Student's Educational Organisation: _____

Location of Placement : _____

Clinical Facilitator : _____

Preceptors in Placement Location : _____

Student's objectives for clinical placement:

Week 1 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Student Placement Attendance Record



Week 2 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Week 3 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Student Placement Attendance Record



Week 4 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Week 5 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Student Placement Attendance Record



Week 6 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Week 7 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Student Placement Attendance Record



Week 8 Dates	Rostered Shift	On Time Yes / No	Uniform clean & tidy Yes / No	Attended / Signed by Preceptor	No. of Patients cared for.	Independent or Shadowing (I / S)

Comments:

Experiences

Date	Description of Experience / Observation	Preceptor sign	Comments

Student's comments at completion of placement:

Preceptors's comments at completion of placement:

Facilitators's comments at completion of placement:
