### Title page

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| **Student name:** |  |
| **Practice placement name:** |  |
| **Placement address:** |  |
| **Practice Educator name:** |  |
| **Practice Educator telephone &**  **e-mail:** |  |
| **Type of service:** |  |

Negotiated between you and your Practice Educator (PE) STUDENT:………………………………….……PE:……….…….……………………..PLACEMENT No.…

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| **Learning Needs**  **What do I need to learn?** | **Related P.C.’s by no.** | **Learning Resources and Strategies**  **How can I best learn and integrate this?**  **What resources are available to me?** | **Criteria for evaluation.**  **How will we know I have learned what I need to learn? How will the Practice Educator evaluate my abilities?** | **Supporting Evidence**  **(location and type)** |
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| Pass/Fail PE Signature | | | | |
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| Pass/Fail PE Signature | | | | |
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| Pass/Fail PE Signature | | | | |
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| Pass/Fail PE Signature | | | | |