**FINAL REPORT**

Practice Educators are asked to ensure they use the format below for their reports. Practice Educators can obtain the templates for reports via email or on the CD from the University.

**SCHOOL OF HEALTHCARE**

**BA (HONS) SOCIAL WORK**

**Practice Assessment Final Report**

**Student:**

**Practice Educator:**

**Placement Setting:**

**Workplace Practice Supervisor:**

**(where applicable)**

**Placement Dates:**  / / 2019 to / / 2019 **Number of Days: 70**

**Tutor:**

**PLACEMENT SETTING**

(A brief profile of the practice learning opportunity is required. The actual placement should not be identified).

**STUDENT WORKLOAD**

**EVIDENCE OF DIRECT OBSERVATIONS**

**5.1** Three direct observations were completed on……………………………

**5.2** Feedback from a Service User was obtained on………………………….

**SOURCES OF EVIDENCE**

The evidence used in writing this report has been gathered from many sources. This has included:

6.1

Three direct observations of practice. Notes of these observations have been included in the portfolio.

6.2

The weekly supervision sessions I have undertaken with……………………

Copies of some of these sessions are to be found in the portfolio.

6.3

The written work s/he has completed about the work s/he has undertaken.

6.4

I have also used the evidence of her/his practice that s/he has recorded in her/his journal.

6.5

Lastly I have used some formal and informal feedback which I have obtained from colleagues and feedback from service users.

**ASSESSMENT OF STUDENT’S ABILITY TO EVIDENCE THE PCF (Please comment on how the student has met the nine elements of the PCF)**

We suggest a word limit of 250 words per PCF element and the summary. However there may be particular circumstances where the Practice Educator needs to write more.

**PCF 1 Professionalism**

**PCF 2 Values & Ethics**

**PCF 3 Diversity**

**PCF 4 Rights, Justice and Economic Wellbeing**

**PCF 5 Knowledge**

**PCF 6 Critical Reflection and Analysis**

**PCF 7 Intervention and Skills**

**PCF 8 Contexts and Organisations**

**PCF 9 Professional Leadership**

**Overall Summary of the Holistic Assessment:**

**INDICATION OF PASS OR FAIL**

I am happy to recommend a pass for ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­…………………………………………………….

**Recommendation for future learning and development on final placement**

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…………………………………………………………………………………………………

Signed……………………………………….Date……………………..

 Practice Educator

I confirm that I have read this report and agree/disagree with its contents (please delete as necessary)

Signed……………………………………….Date……………………..

 Student

I confirm that I have read this report and agree/disagree with its contents (please delete as necessary)

Signed……………………………………….Date……………………..

 Workplace Supervisor

**Practice Educator to email this report to:**

Practice Placement Unit 🖂 placements@healthcare.leeds.ac.uk