**WORK SKILLS EXPERIENCE**

**ASSESSMENT BY WORK PLACE SUPERVISOR**

Date:

Student Name:

Course and Year:

Work Place Supervisor Name:

(please print)

|  |  |  |
| --- | --- | --- |
| **Assessment by work place supervisor** | Please rate 1-10 where 10 = highest rating | Any further comments on this particular area |
| Punctuality, time management, attendance, reliability |  |  |
| Demonstrate a respectful, honest and ethical approach |  |  |
| Enthusiasm for the work |  |  |
| Communication with children |  |  |
| Communication with parents and carers / service users |  |  |
| Communication with other professionals |  |  |
| Taking responsibility for completing agreed tasks |  |  |
| Initiative and creativity ( eg in solving problems and challenges) |  |  |
| Seeking advice appropriately  and responding positively to feedback |  |  |
| Recognise the importance of responding to diversity |  |  |
| Any other comments |  | |

NB This form must be returned via email (do not send a paper copy) at the end of the 20 days to: [placements@healthcare.leeds.ac.uk](mailto:placements@healthcare.leeds.ac.uk)