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|  | **Discipline of Occupational Therapy, NUI Galway** |

**FORM 37B: OBSERVATION PLACEMENT PRACTICE EDUCATOR FEEDBACK**

**NB:** Please be advised that the information provided on this form is for evaluation purposes only and personal details will not be used when providing feedback.

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| **Practice Educators Name:** |  |
| **Student Name(s):** |  |
| **Dates of Placement:** |  |
| **Placement Level:** |  |

**PREPARATION**

**1. Do you feel satisfied that the University prepared the student adequately for this placement?**

Yes [ ]  No [ ]

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| **Comments:**  |

1. **Are you satisfied with the student’s correspondence prior to the placement?**

Yes [ ]  No [ ]

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| --- |
| **Comments:**  |

1. **Are you satisfied with the University’s correspondence prior to placement?**

Yes [ ]  No [ ]

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| --- |
| **Comments:**  |

1. Any other comments?

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| --- |
| **Comments:**  |