[Insert organisation name/logo]

# STUDENT PLACEMENT EVALUATION FORM

**[Insert organisation name]** seeks to improve the student placement program and therefore ask you to complete this evaluation form. Your feedback will assist in the planning and preparation of future student placements.

|  |  |
| --- | --- |
| **Student name** |  |
| **Academic/training institution** |  |
| **Academic training course** |  |
| **Length of placement** |  |

|  |  |
| --- | --- |
| 1. Rate your student placement experience with the organisation in relation to the following:  | ***Tick the appropriate box*** |
| **Excellent** | **Good** | **Fair** | **Poor** |
| Overall experience | **□** | **□** | **□** | **□** |
| **Pre-placement information:** |
| Expectations | **□** | **□** | **□** | **□** |
| Preparation materials | **□** | **□** | **□** | **□** |
| Individual contact by telephone, email or in person | **□** | **□** | **□** | **□** |
| **Orientation and induction** |
| Completion of formal induction and orientation | **□** | **□** | **□** | **□** |
| Standard of formal induction and orientation | **□** | **□** | **□** | **□** |
| Policies and procedures of value | **□** | **□** | **□** | **□** |
| Policies and procedures easily understood | **□** | **□** | **□** | **□** |
| **Activities** |
| Appropriate to your level of skill | **□** | **□** | **□** | **□** |
| Provided hands on experience | **□** | **□** | **□** | **□** |
| Variety of tasks | **□** | **□** | **□** | **□** |
| Appropriate time allocation | **□** | **□** | **□** | **□** |
| **Supervision** |
| Allocation of a supervisor timely and appropriate | **□** | **□** | **□** | **□** |
| Access to supervisor | **□** | **□** | **□** | **□** |
| Supervisor approachable and supportive | **□** | **□** | **□** | **□** |
| Standard of supervision | **□** | **□** | **□** | **□** |
| Support from staff other than supervisor | **□** | **□** | **□** | **□** |
| **Performance evaluation** |
| Professional and appropriate feedback provided by supervisor  | **□** | **□** | **□** | **□** |
| Feedback provided at appropriate time and place | **□** | **□** | **□** | **□** |
| Opportunity to discuss feedback provided | **□** | **□** | **□** | **□** |
| 2. Leaning experiences  | **2.1 My goals and objectives were/were not met? Provide details.** |
|  |
| **2.2 What were the two most useful elements of the placement?** |
|  |
| **2.3 What was the most enjoyable part of the placement?**  |
|  |
| **2.4 What was the least enjoyable aspect of the placement?** |
|  |
| 3. How could the organisation improve on student placements? | **3.1 Suggestions about how your placement experience could have been improved.** |
|  |
| **3.2 Additional resources, information or activities you think would improve future placement experiences for students at the organisation?** |
|  |
| 4. Additional comments |
| *Provide additional comments which may be of value in reviewing the Student Placement Program.* |

|  |
| --- |
| **OFFICE USE ONLY****Follow up required □ Yes □ No** |
| **Action** |  |
| **initiated** |  |
| **Completed**  |  |