

LEARNER FEEDBACK FORM

1 Was a learning agreement completed with you? Yes/No

2 Did you have an opportunity to review the learning agreement during the placement Yes/No

3 Do you feel the learning opportunity met your learning needs? Yes/No
If "No", please give further details.

4 How well do you think the practice educator / assessor provided the following?

| | | | | | | |
|--|------|---|---|---|---|-----------|
| Teaching | Poor | 1 | 2 | 3 | 4 | Excellent |
| Support | Poor | 1 | 2 | 3 | 4 | Excellent |
| Supervision | Poor | 1 | 2 | 3 | 4 | Excellent |
| Provision of relevant learning opportunities | Poor | 1 | 2 | 3 | 4 | Excellent |
| Management of your learning over time | Poor | 1 | 2 | 3 | 4 | Excellent |
| Providing information | Poor | 1 | 2 | 3 | 4 | Excellent |
| Feedback on progress | Poor | 1 | 2 | 3 | 4 | Excellent |
| Assessment of your professional capability | Poor | 1 | 2 | 3 | 4 | Excellent |

Any other comments about the practice educator/ assessor /supervisor?

Signed

Date