

DUBLIN INSTITUTE OF TECHNOLOGY  
DEPARTMENT OF SOCIAL SCIENCES  
41 MOUNTJOY SQUARE  
DUBLIN 1

SUPERVISOR/STUDENT REPORT FORM  
B.A. (HONS) IN SOCIAL CARE  
YEAR 1

Tutors: Ann McWilliams (tel. 4024257, e: ann.mcwilliams@dit.ie)  
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NAME OF STUDENT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

ASSESSMENT FORM FOR STUDENTS IN PLACEMENT

Name of student: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Agency name and address: \_\_\_\_\_

\_\_\_\_\_

Duration of placement: \_\_\_\_\_

Date: \_\_\_\_\_

The purpose of this report is to help the student, the supervisor and the college tutor to assess progress and to indicate areas in which further development needs to be concentrated.

Reports should be completed with the student toward the end of placement, and returned to the college tutor by the end of academic year.

Please comment on the student under the following headings:

1. General reliability: (as evidenced by punctuality, notification if ill, maintaining confidentiality)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Interest in and commitment to work: (as evidenced by work preparation, questioning, willingness to accommodate the needs of the agency etc.)

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3. Ability and willingness to learn: (as evidenced by listening, observing, accepting feedback)

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4. Attitude to staff: (ability to mix, teamwork etc.)

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5. Ability to relate to clients: (as shown by manner, behaviour, empathy and communication skills)

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6. Ability to plan and prepare. Ability to recognise and meet clients' basic needs: (e.g. plan and prepare simple meals with attention to nutrition and budgetary matters. Personal care – toileting, bathing, dressing)

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7. Ability of student to carry out an individual intervention with a client (this includes the student's ability to assess, plan, carry out and evaluate the intervention)

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8. Ability to use initiative: (e.g. planning and carrying out activities including art, drama, music etc.)

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8. Other comments:

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9. Attendance: Possible: \_\_\_\_\_ Actual: \_\_\_\_\_

Punctuality: Satisfactory  Not Satisfactory

*(please tick appropriate box)*

10. Overall, how would you rate the student's performance?

*(please tick appropriate box)*

Satisfactory

Not Satisfactory

Signature of staff member who has responsibility for student: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

*(if different from above)*

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_