Site Visit Report Form

Date of Visit ……………………………………………………………..

Name of Organisation ……………………………………………………………..

Organisation Representatives met Position in Organisation

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Based on your meeting with the Student and the Placement Organisation Supervisor, please assess or rate the following:

## Work Experience

**Yes No**

Is the placement challenging?

Is the placement of relevance to the Student’s course of study?

Are there well defined targets to be achieved/projects

to be completed?

Is there adequate support/supervision?

Are health and safety matters being addressed adequately

onsite?

Is the Student’s log book being completed and is it

up to date? *Please sign and date the log book.*

## Placement Organisation Supervisor’s Evaluation of the Student’s Performance

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Poor Excellent

Student’s level of technical knowledge for this placement 1 2 3 4 5

Overall quality of work carried out by Student 1 2 3 4 5

Ability of Student to work with others 1 2 3 4 5

Timekeeping of Student 1 2 3 4 5

Ability of Student to manage their time effectively

and to meet deadlines 1 2 3 4 5

Ability of Student to manage change, if appropriate 1 2 3 4 5

Assessment of the Student’s strengths and weaknesses based on this placement

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Overall rating of the placement

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Further comments/suggestions

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Academic Mentor’s Name ……………………………………………

Signature ……………………………………………

Date ……………………………………………