



Department of Speech and Hearing Sciences
 Roinn na nEolaíochtaí Urlabhra agus Éisteachta

Practice Education Learning Objectives

Name: _____ Year of Study: _____

Dates of Placement: _____ Client Group: _____

It is the student's responsibility to fill in this form and to discuss it with the practice educator at the initial visit and at the mid placement and final placement evaluations.

Learning Objective	Action	Outcome

Initial Meeting **Signature** Student _____

Date: _____ Practice Educator _____

Review Meeting **Signature** Student _____

Date: _____ Practice Educator _____