



**UCC**  
University College Cork

**Department of Speech and Hearing Sciences**

Roinn na nEolaíochtaí Urlabhra agus Éisteachta

**Previous Placement Summary Form**

*At the end of the placement this form should be completed by both the Practice Educator and the student following the end of placement evaluation.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Year of Study \_\_\_\_\_

**Outline the strengths in the student's clinical skills to date**

<b>Outline any aspects of the student's clinical performance that needs improvement</b>	<b>Learning objective</b>

**Student's signature** \_\_\_\_\_

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

**Practice Educator's signature** \_\_\_\_\_

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

