**(To be completed by the Practice Supervisor at the end of the current placement with the Placement Provider. Please comment on the Student CLD Practitioner’s practice in relation to the following headings. These are drawn from the CLDSC competences and code of ethics. Please keep in mind the stage the student is at; 1st year, 2nd year etc)**

**On graduation, Student CLD Practitioners must be fit to be recognised as a Professionally Competent CLD Practitioner.**  A CLD Qualified Supervisor or mentor who is a Registered Member of CLDSC, must provide a sign off that Student CLD Practitioner has reached an appropriate standard in order to practice. Guidance on Competent CLD Practitioner can be found in this link - [Ethical Practice – Competent Practitioners | CLD Standards Council for Scotland](https://cldstandardscouncil.org.uk/resources/ethical-practice-competent-practitioners/)

**Student CLD Practitioner:**

**Practice Placement Supervisor:**

**Practice Placement Provider/agency:**

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| --- |
| **Know and understand the community in which we work** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
|  |

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| **Build and maintain relationships with individuals and groups** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
|  |

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| **Provide learning and development opportunities in a range of contexts** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
|  |

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| **Facilitate and promote community empowerment** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
|  |

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| **Organise and manage resources** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
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| **Develop and support collaborative working** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
|  |

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| --- |
| **Evaluate and inform practice** |
| What evidence have you seen regarding the student’s competence in relation to this aspect of practice? |
|  |
| What does the student need to work on in the future in relation to this? |
|  |
| |  |  |  | | --- | --- | --- | | **Ethic** | **Correct Knowledge at this level Y/N** | **IF No – what actions would you suggest for future Professional Leaning Plan?** | | Primary Client |  |  | | Duty of Care |  |  | | Professional Learning |  |  | | Social Context |  |  | | Transparency |  |  | | Self-awareness |  |  | | Equity |  |  | | Confidentiality |  |  | | Boundaries |  |  | | Empowerment |  |  | | Co-operation |  |  | | Self-care |  |  |   Ethics: Please consider the extent of knowledge that the Student has in respect of each of the competences and if/where more work is required please comment on your suggested action. |
| **Any other comments on Ethics:** |

|  |
| --- |
| **Practice Supervisor’s general comments about the placement:**  (Please comment on: the student CLD practitioner’s overall sense of competence and professionalism; their broad knowledge of the field of practice including the policy arena; their ability to work as part of a team; their continuing professional development, what they should consider in future) |

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| --- |
| **Student CLD Practitioner’s general comments about the placement:**  (Please comment on: the main points of learning you will take away from this experience; the supervisory relationship; your overall sense of competence at the end of the placement and the challenges that lie ahead in your continuing professional development.) |

**Overall assessment of student performance:**

**PASS or FAIL (please delete as appropriate)**

**Are you assured that the Student CLD practitioner is/or is on their way (if not their final year of study) to being fit to be recognised as a Professionally Competent CLD Practitioner?**

**IF no please provide reason for this rating:**

**Signature of Placement Supervisor: Date:**

**Signature of Student CLD Practitioner: Date:**

**Please return to ??? by …………………**