**End of placement evaluation**

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| Learner’s name: |  |
| Employer/organisation: |  |
| Mentor’s name: |  |
| Placement dates: |  |
| Placement objectives: |  |

**Learner**

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| How well do you feel your placement objectives have been met? |
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| What support have you received from your mentor? |
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| What has worked well? |
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| What could have been better? |
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| What have you learnt about yourself? |
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| Next steps: |
|  |
| Mentor’s comments: |
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**Mentor**

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| Punctuality: |
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| Ability to follow instructions and complete tasks: |
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| Communication: |
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| Ability to follow policies and procedures, including health and safety: |
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| Ability to reflect on practice: |
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| Ability to reflect on principles and values of the sector: |
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| Learner’s comments: |
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| **Signed by:** | |
| Learner: |  |
| Mentor: |  |
| Date: |  |