**End of placement evaluation**

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

**Learner**

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

**Mentor**

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

|  |
| --- |
| **Signed by:** |
| Learner: |  |
| Mentor: |  |
| Date:  |  |