

**FINAL ASSESSMENT: END OF PLE
TO BE COMPLETED BY PRACTICE ASSESSOR**

PART ____: PLE ____

Student Name:

STUDENT ID:

Intake/Year Group:

The minimum level of performance for this part of the programme is _____. This means that the student nurse requires continuous or frequent support from the practice supervisor/assessor, but is developing confidence through guided participation in care. Please comment on the Platforms below:

Platform 1: Being an accountable professional

Platform 2: Promoting health and preventing ill health

Platform 3: Assessing needs and planning care

Platform 4: Providing and evaluating care

Platform 5: Leading and managing nursing care and working in teams

Platform 6: Improving safety and quality of care

Platform 7: Coordinating care

Please comment on progress towards safely demonstrating the skills and procedures in Annex A and B. Identify aspects for the student to focus on in future PLEs.

Date

____ / ____ / ____

Student Signature:

*Practice Assessor's
Signature:*

Practice Assessor Overall Summative Assessment Comments	
Overall result for this PLE	PASS / FAIL / GRADE
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:

Practice Assessor Confirmatory Statement
I confirm that: student nurse (print full name) _____ following a period of _____ hours of attendance at placement (please refer to attendance record), and through objective evidence-based assessments, has: ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of _____
Signature of Practice Assessor:
Date:

Student Statement

I _____ (write name in capital letters)
have received feedback on my performance and have had the opportunity to reflect
and discuss this with the Practice Assessor. Please write comments below:

Student signature:

Date: