

## INTERIM FEEDBACK MEETING

PART \_\_\_\_ : PLE \_\_\_\_

Practice supervisor's comments (please refer to the associated proficiencies for each platform to inform your discussion with the student and comments):

**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**

**Skills and Procedures:**

**Student feedback:**

|  |                           |  |
|--|---------------------------|--|
| <b>Have any issues been referred to the practice and/or academic assessor?</b> | <b>Yes</b>                | <b>No</b>  |
| <b>Development Support Plan (see Section 3)</b>                                | <b>Yes</b>                | <b>No</b>  |
| Date<br>____/____/____   | <i>Student Signature:</i> | <i>Practice Supervisor and/<br/>or Assessor Signature:</i> |