

Name of University and crest

Student EMS Assessment Form - to be completed by Placement Supervisor

Please complete this form at the end of a placement after discussing the progress made by the student with them personally. Once completed please return to the EMS Office, either via the **student** or by post.

Name of Student: _____ Year - _____ Matriculation number: _____

Dates of Placement: From _____ To _____ Total No. Weeks: _____

Placement Name: _____
 Address: _____
 Post Code: _____ Country: _____
 Tel: _____ Fax: _____ Email: _____

Accommodation available: In placement (free) In placement (charge) Locally None

Placement Type (please complete % of time spent by student working in each area)

Abattoir		Small Animal	
Equine		Specialist Avian	
Sheep		Specialist Pig	
Cattle		Specialist Poultry	
Laboratory		State Vet Service	
Research		Vet School	
Wild Animal		Zoo Animal	
Exotic Animal		Other (please Specify)	

Please ✓ the boxes appropriate to indicate the stage the student has reached in an area according to the year of study

	Excellent	Good	Satisfactory	Less than Satisfactory	Poor
Attitude (student's attitude and enthusiasm)					
Professional appearance (i.e. cleanliness, tidiness, dress etc)					
Communication skills (with placement staff and clients)					
Animal handling abilities					
Relevant knowledge					
Problem solving abilities					
Manual Skills					
Contribution to clinical discussion (organised and informal)					
Understanding of practice/abattoir management					

Comments:(continue overleaf if necessary)

In accordance with the Data Protection Act, would you agree to details of your practice/business being entered onto our EMS database?

YES [] NO []

Signature

Title

PLEASE RETURN TO:
EMS OFFICE
 Contact details