**ASYE Evaluation Form**

The purpose of this evaluation form is to seek feedback from all NQSW’s about the ASYE experience. This feedback will be used to ensure the ASYE programme is providing all the elements which are required for a successful ASYE programme. Your feedback will also support the organisation in evaluating and developing the ASYE for future NQSW’s.

Name of NQSW:

Name of Practice Educator:

Name of Work based Supervisor:

ASYE start date:

ASYE Completion date:

**Please highlight your evaluation scoring and add your comments in the box below**.

1. **To what extent do you think your Practice Educator understood the requirements and aims of the ASYE programme?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments** |

1. **Did the Practice Educator meet and/or call at the times arranged during your ASYE? Did they work to agreed deadlines?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Were you able to communicate effectively with your Practice Educator during your ASYE?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Did your Practice Educator show a good level of knowledge during your ASYE? e.g. A wide range of social work theories and good application of**

**the PCFs and PQS?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Is there anything else that you would like to share in relation to your**

**Practice Educator’s contribution to your ASYE?**

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| **Comments:** |

1. **Do you have any feedback on the support you received from your work-based supervisor?**

**Excellent Good Satisfactory Requires improvement**

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| C**omments:** |

1. **How would you describe the level of support received from WBC**

**during the ASYE?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Did you have access to learning opportunities relevant to your identified development needs**.?

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Did you feel that personal well-being and workload was considered during your ASYE?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **How did you find the ASYE support and leaning Group sessions?**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Have you engaged with the national ASYE framework via the quarterly NQSW online forums provided by Skills for Care? Yes/No**

**Excellent Good Satisfactory Requires improvement**

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| **Comments:** |

1. **Are there any activities of the ASYE training programme you would like to**

**see included in the future?**

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| **Comments:** |

1. **Has the ASYE Year encouraged you to remain employed by WBC?**

**Yes, No Unsure**

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| **Comments:** |

1. **Please provide feedback on what went well with Bucks New University involvement with the ASYE.**

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| **Comments:** |

1. **Please provide feedback on what didn’t go well with Bucks New University involvement with the ASYE.**

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| **Comments:** |

1. **Please provide any other comments on the ASYE experience.**

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| **Comments:** |

**NQSW signature: ……………………………….**

**Date: ………………………**