**External Practice Educator Evaluation Form**

**after supporting a NQSW on the** **Assessed and Supported Year in Employment  (ASYE) (social work)**

The purpose of this evaluation form is to seek feedback from all practice educators on the experience of supporting a NQSW during the ASYE. Your feedback aids the organisation in evaluating and developing positive change and support for practice educators who are supporting NQSW students during the ASYE.

Name of Practice Educator:

Name of NQSW:

(ASYE) start date:

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

1. **To what extent do you think the NQSW understood the requirements and aims of the ASYE?**

**Fully Well enough Not enough Not at all**

|  |
| --- |
| **Comments** |

1. **Did the NQSW meet and/or call at the times arranged during the ASYE period, and did they work to agreed deadlines?**

**All the time Most of the time Some of the time Hardly ever**

|  |
| --- |
| **Comments:** |

1. **Were you able to communicate effectively with the NQSW during the ASYE and were they prepared for supervisions?**

**Excellent Good Satisfactory Requires Improvement**

|  |
| --- |
| **Comments:** |

1. **Did the NQSW have a variety of learning opportunities throughout the year to meet the identified learning needs?**

**Excellent Good Satisfactory Requires Improvement**

|  |
| --- |
| **Comments:** |

1. **How well did the NQSW receive constructive feedback during the ASYE period****?**

**Excellent Good Satisfactory Requires Improvement**

|  |
| --- |
| C**omments:** |

1. **Were there any specific challenges that you encountered while supporting the ASYE over the year?**

|  |
| --- |
| **Comments:** |

1. **How do you feel about the support and resources available to you as an External Practice Educator?**

**Excellent Good Satisfactory Requires Improvement**

|  |
| --- |
| **Comments:** |

1. **How did you find the communication with WBC regarding the NQSW and related issues.**

**Excellent Good Satisfactory Requires Improvement**

|  |
| --- |
| **Comments:** |

1. **How did you find quarterly Practice Educator support group sessions provided by WBC?**

**Did you attend the sessions? Yes/No**

**Excellent Good Satisfactory Requires Improvement**

|  |
| --- |
| **Comments:** |

1. **Please provide any suggestions you have for improving the support available to External Practice Educators.**

|  |
| --- |
| **Comments:** |

1. **Do you have any feedback regarding the ASYE workshops provided by learning provider (BNU) ?**

|  |
| --- |
| **Comments:** |

1. **Did you value and enjoy participation in the NQSW presentation?**

|  |
| --- |
| **Comments:** |

1. **Is there anything else you would like to share about your experience as an External Practice Educator supporting a NQSW with the ASYE?**

|  |
| --- |
| **Comments:** |

**Practice Educator signature: ……………………………….**

**Date: ………………………**