**Internal 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?**

**Excellent Good Satisfactory Requires Improvement**

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| **Comments** |

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

**Excellent Good Satisfactory Requires Improvement**

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| **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**

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| **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**

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| **Comments:** |

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

**Excellent Good Satisfactory Requires Improvement**

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| C**omments:** |

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

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| **Comments:** |

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

**Excellent Good Satisfactory Requires Improvement**

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| **Comments:** |

1. **Did you feel that personal well-being and workload was considered during the period you were supporting a NQSW?**

**Excellent Good Satisfactory Requires Improvement**

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| **Comments:** |

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

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

**Excellent Good Satisfactory Requires Improvement**

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| **Comments:** |

1. **Did you receive the required protected development time while you were supporting the NQSW.**

**Were there any factors that helped or hindered this?**

**Yes/No**

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| **Comments:** |

1. **Please provide any suggestions you have for developing the support available for Practice Educators.**

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| **Comments:** |

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

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| **Comments:** |

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

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| **Comments:** |

1. **Is there anything else you would like to share about your experience as a Practice Educator during the ASYE period?.**

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| **Comments:** |

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

**Date: ………………………**