**Verified witness statement**

|  |  |
| --- | --- |
| **Student name:** |  |
| **Placement B/B1, B2 or C:** |  |
| **Placement week number:** |  |
| **Visit/healthcare professional/other:** |  |
| **Date:** |  |

## To be completed by the practice educator/healthcare professional/supervisor/observer

**Punctuality:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student arrive on time? |  | Yes |  |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student undertake any assigned task in the |  | Yes |  |  | No |  |
| time allocated? |  |  |  |  |  |  |

**Communication:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student introduce themselves? |  | Yes |  |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student initiate conversation? |  | Yes |  |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student use an appropriate level of language? |  | Yes |  |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student respond to non-verbal communication? |  | Yes |  |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student demonstrate the ability to listen? |  | Yes |  |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did the student respond appropriately to questions? |  | Yes |  |  | No |  |

**Outcome:**

Was the student able to re-cap to you their understanding of your role and your interaction with dietitian(s)/healthcare professional(s)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Yes |  |  | No |  |

Comments:

|  |
| --- |
| Please include comments on any item where ‘no’ was ticked |

Signature of student dietitian: …………………………………….............................. Date: …………………

Signature of healthcare professional/practice educator/supervisor/observer................................................

Print name: …………………………………………………… Position: ……………………………………

Date: ………………….