**PLEASE KEEP THIS ORIGINAL FORM AT THE FRONT OF YOUR SCHOOL-BASED TRAINING FILE**

**This form needs to be signed by your:**

Class Mentor or Professional Mentor at the beginning of your placement and

Headteacher or Professional Mentor at the end of your placement

**student Number: …………………………………………….. PROGRAMME: ……………………… YEAR: ……………**

**1.** Name**: ………………………………………………………………………………………………………………………………**

**2.** Class MENTOR**: …………………………………………………………………………………………………………………**

**3.** UNIVERSITY TUTOR**: …………………………………………………………………………………………………………….**

**BEGINNING OF PLACEMENT**

**4.** I have discussed my preparation for the placement with my class mentor/ PROFESSIONAL MENTOR

Class Mentor / Professional Mentor signature: **…………………………………………** Date: **…………………………..**

**5.** I have discussed my PLANNING for the placement with my class mentor/ PROFESSIONAL MENTOR

Class Mentor / Professional Mentor signature: **………………………………………………** Date: **…………………………..**

**6.** I have discussed THE HEALTH AND SAFETY REGULATIONS WITH THE APPROPRIATE MEMBER OF STAFF

Class Mentor / Professional Mentor signature: **……………………………………………** Date: **…………………………..**

**END OF PLACEMENT**

**7.** THE TABLE OVERLEAF IS AN ACCURATE RECORD OF MY ATTENDANCE

Student signature: **……………………………………………………………………….** Date: **…………………………..**

**8.** I have discussed MY ATTENDANCE RECORD (overleaf) on the last day of my placement

Headteacher / Professional Mentor signature: **……………………………………………** Date: **…………………………..**

**9.** I have returned all borrowed materials AND SETTLED ANY OUTSTANDING ACCOUNTS

Headteacher / Professional Mentor signature: **…………………………………………………………** Date: **………..**

**PLEASE COMPLETE THE attendance record OVERLEAF DURING YOUR PLACEMENT**

**SCHOOL-BASED ATTENDANCE:**

**DAY VISITS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insert date** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| **Please tick** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Week Blocks and MAIN BLOCK**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week Beginning** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total number****of days** |
|  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |  |
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|  |  |  |  |  |  |  |  |  |  | **TOTAL ATTENDANCE DAYS****(including day visits)** |  |