# 1.10 Record of Student Visits

## TESTIMONY SHEET

Description of area/activity and reason for student to visit:

What did I get out of this visit?

What have I learnt from this experience:

How will this help/improve my care in the future:

Student Signature........................................ Date.................................

Practitioner summary of the student’s ability:
(You may wish to include such things as communication of the student, knowledge of the student, attitude of the student, engagement by the student)

Practitioner signature.................................................. Date .....................

Print name .......................................................... Job Title ................................

Professional qualification ........................................

Copies of additional pages can be obtained from the WOLF topic Pre-Registration Nursing Placement Learning Support.

Number of Additional Pages used: _________