

**Verified witness statement**

Student's name: .....

Date: .....

Visit/healthcare professional/other: .....

Placement: B/B1, B2, C (*please delete as appropriate*)

**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 time allocated?

Yes  No

**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: .....

Date/week of placement: .....

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

Print name: ..... Position: .....

Date: .....