Final sign-off meeting

|  |  |
| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |
| Work area |  |
| Date of meeting |  |

|  |
| --- |
| Reflection and discussionWhat has gone well? What challenges have you met? How have you overcome them?  |
| Review of development What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Points of progression? |

|  |
| --- |
| Review of individual learning planReview ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives. |
| Comments/notes: |

**Preceptorship sign-off declaration**

|  |
| --- |
| This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily. |
| Name of preceptee |  | Signature: |  |
| Name of preceptor |  | Signature: |  |
| Organisation lead |  | Signature: |  |
| Work area: |  | Date: |  |