



Reasonable Adjustments Process: Level 1

RAP1 Commencement Form

Student name _____

Site name _____

Week of overall placement Week ____ of ____ (e.g. Week 6 of 10, Week 8 of 14)

Date ____ / ____ / ____

Names of all others present _____

Summary of progress

Summary of proficiencies that need particular attention

Does the student wish to disclose any matter that may be affecting their practice?

No ☐ Personal circumstances ☐ Medical issues ☐ Workplace concerns ☐ Other ☐



Provide some brief evidence for each concern listed

SMART adjustments to be made by student

To whom will this process be disclosed? _____

Date for review of plan _____ / _____ / _____

The undersigned have discussed, understood, and agree with, the information contained within.

Name	Signature	Role