

**A STUDY OF
STUDENT NURSES'
PROGRESS REPORTS
INTERIM REPORT**

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PROGRESS REPORTS FOR NURSES IN TRAINING

A. INTRODUCTION

1. The Hospital Centre has recently received a number of requests for information about the preparation and design of progress reports for nurses in training. As little information could be found on the subject, it was decided, with the support of the General Nursing Council for England and Wales, to undertake a survey of a selection of progress report forms at present in use. Ninety-three hospitals whose training schools had been approved for the adoption of the revised syllabus of training were invited to take part in the investigation.

2. Following a pilot run with a trial questionnaire sent to 12 hospitals, replies to a revised document (see Appendix A) were received from 88 of the 93 hospitals approached and, in addition, four other training schools volunteered to supply information. Copies of progress report forms were obtained from all 97 hospitals involved.

3. A survey of these 97 forms and of the answers received to the questionnaire has revealed a number of problems for which there seem to be at present no easy or clear answers. In order to obtain some first-hand opinions from the various grades of staff concerned with the assessment of student nurses, a conference was held at the Hospital Centre (1) late in 1965, to which were invited the matron, principal tutor and a representative ward sister from a selection of the hospitals taking part in the survey. Two student nurses also attended to present the views of students.

4. The findings of the survey and some of the opinions expressed during discussion at the conference were included in a first draft, which was circulated to all participating hospitals. The additional helpful comments and suggestions made by many of the hospitals concerned have been incorporated in this interim report, which has been prepared in the hope that it may stimulate further study and investigation.

B. METHODS OF ASSESSMENT FOR NURSES IN TRAINING

5. It is generally recognised that some form of regular report on the work and progress of nurses in training is essential in order that matron, tutor and the student herself may be well informed of the development and skills of the student.

6. Progress report forms analysed during the survey fall into the following main categories:

(a) Free comment: this method consists of reports written in essay form with the minimum of general guidance, and was followed by only seven training schools, four of them being attached to Teaching Hospitals. The extent of guidance given varied from no assistance whatever to lists of characteristics under several main headings, but in most cases a single sentence sufficed. The following is a typical example:-

"This report should be as full and comprehensive as possible, and should include sister's opinion of the student's conduct, work, general attitude, interest and appearance."

(b) Free comment under detailed headings: this type of report form consists of a list of questions or characteristics ranging in number from six to twenty, upon which the sister is invited to make her own comments. This method was adopted by 30 hospitals.

(1) Ward Reports. Conference at The Hospital Centre,
Nursing Times. November 19th 1965. page 1593

(c) Choice of answers: twenty-one schools of nursing used this type of report, which consists of a list of attributes for each of which a choice of answer is given. Although this method restricts the person reporting to a limited number of comments, some of which she may feel at times do not apply to a particular student, only a very few forms allowed any space for free comments at the end. On the other hand, some of the questions would seem to be too detailed for continuous use, especially when reports are completed as frequently as every two or three weeks. To quote one example, it seems unnecessary to report every few weeks, whether the student is "exceedingly well groomed", "well groomed", "moderately well groomed", "not well groomed" or "untidy".

(d) Gradings: in this type of report form, of which 39 samples were obtained, various characteristics were listed with space for the appropriate grades. About half of the reports of this type, however, allowed additional space for free comment, either in the form of a general summary or brief comments on each attribute listed.

Methods of grading used were either letters (A - E), comments (Excellent, V. Good, Good, etc.) and marks (1-10) or percentages. Nineteen of the 56 hospitals using grading schemes combined two or more of these methods of assessment, the most usual combination being comment plus percentages.

Combinations of grading symbols varied almost as widely as the individual characteristics listed for comments. No less than 23 variations were found from the simplest, such as: A - very satis. B - satis. C - not satis. - to a combination of all three methods:

A - much above average	80%
B - above average	70%
C - average	60%
D - below average	50%
E - much below average	40%

7. No less than 134 different attributes or subjects on which comments could be made were found in the 97 samples of report forms analysed. (see Appendix B). A number of those attributes were, of course, almost synonymous.

8. Some matrons were of the opinion that structured reports revealed very little information and felt, therefore, that most of the answers obtained by this method tended to be laconic. Others, however, had a strong preference for this method. Opposing views were also expressed on the question of free comment. Some considered that report forms allowing ample opportunity for free comment required more thought and thus produced a wider variety of opinions and a clearer picture of the student and her progress. Others were equally firm in their belief that few people possessed the ability to write freely, and to express themselves adequately. In actual practice, serious anomalies have been noted. Reports on student nurses from hospitals using widely different types of report forms have shown marked contradictions between gradings given and subsequent free comments in the same report.

9. It is important to bear in mind that adequate time for report-writing has to be found in a working day that is already heavily burdened with duties, and any simplification of methods that can help to lighten this burden would be welcomed by all concerned.

C. THE USE OF PROGRESS REPORT FORMS

10. The length of time a student is expected to work in a ward or department before a written report is prepared varied from one week to six months. Over half of the replies fell into the 4-8 week range, but 17% were found to be in the 1-3 week group, and 10% gave a limit of 12 weeks or more.

11. Responsibility for the writing of progress reports on nurses in training was placed upon ward sisters. Half of the matrons stated that this duty was never delegated by ward sisters to staff nurses; the rest did so only in exceptional circumstances or in cases of prolonged absence. A minority held strong views in favour of participation by staff nurses in the writing of reports on students. It was thought that regular consultation between ward sister and staff nurse was not only valuable in-service training for the staff nurse, but could well help towards a more complete picture of the student. A second opinion could be of considerable help in cases of personality clashes, and the actual completion of reports by staff nurses, provided that regular consultation had taken place, could prevent delay in the absence of the sister.

12. Almost all replies to the questionnaire stated that guidance, usually verbal, was given to ward sisters on the art of writing progress reports on student nurses, and in the majority of cases by the matron or her deputy. This subject was included by three hospitals in their in-service training programme. Fifty-five considered that detailed guidance written into the actual report form was necessary, 14 were uncertain, and 23 were opposed to the idea. Guidance sheets or cards to help sisters in the completion of reports (see Appendix C) were provided by a few hospitals, and one hospital authority expressed the intention of preparing an instruction booklet for this purpose.

13. Recent recommendations envisage training in report-writing as part of the general curriculum for charge nurse grades (2) but, in view of the change of emphasis in the 1962 syllabus of the G.N.C., it would seem unwise to wait for the complete implementation of the recommendations of the Salmon Report before attempting any improvement in this matter. In-service training, guidance booklets, and the increasing involvement of all trained staff in the preparation of ward progress reports would seem to be indicated.

14. Apart from the hospitals in which internal rotation of duty is practised, (11 in this sample)* responsibility for progress reports for students on night-duty lay with the night nursing staff, usually the night superintendent. In three hospitals it was the custom for both ward sisters and night sisters to prepare reports; in general, consultation between ward sisters and night staff appears to be common practice.

15. Final assessment: Only 16 schools of nursing expected ward sisters to give a final grading assessment for each ward report written on every student.

At present, methods of assessment depend largely upon the types of form used in individual hospitals. Assessment at ward level must result in a wide variation in standards, and it is therefore suggested that assessment should only be made at the most senior level - preferably by a team of two or three. This problem owes much of its complexity at the moment to differences of opinion on the true purpose of ward reports, and to the varying uses made of them. To training schools which award no prizes or medals, grading assessments can mean very little, but in other cases probably far too much importance is placed upon them, particularly upon marks and percentages. It is sometimes possible for progress reports to be confused with work schedules, and the fundamental difference needs to be kept clearly in mind.

16. Student participation: The participation of the student in the preparation and consideration of her progress reports is a subject which revealed some divergence of opinion.

(2) Report of the Committee on Senior Nursing Staff Structure (Salmon Report)
H.M.S.O. 1966 p.203 (Syllabus of Course of Preparation for the three levels of management).



17. Of the 97 forms studied in detail, 53 contained some reference to this point. In eight instances the sister was asked to state whether or not the report had been seen by the student, in 11 others she was required to state whether or not the report had been discussed with the student, and 34 had a space for the student to sign that she had either seen or discussed her report. Three report forms included a section for a confidential report on the student, to be completed by the sister after the main body of the report had been seen by, or discussed with, the student. This practice has aroused considerable disapproval amongst those hospitals participating in the survey.

18. The completed questionnaires, however, showed that all but three matrons stated that reports should be discussed with students; of these three exceptions, one was uncertain, and two made no comments. Fifty-two, or well over half, considered that reports should be seen by the student, and just under half thought that students should also be required to sign their reports.

Progress Reports should be -	Findings from Questionnaires			
	Yes	No	Un-certain	No Comment
discussed with Student	89	0	1	2
seen by Student	52	27	7	6
signed by Student	44	30	8	10

19. It is obvious that, though in theory, it is generally felt that their progress reports should be both discussed with, and seen by, the students, serious doubts as to the wisdom of this procedure do exist and should be faced. Damage to the self-confidence of the student can result from disclosure or from secrecy, and much depends upon the psychological approach to this admittedly difficult task. One shrewd comment that some people, shirking the unpleasant task of telling students of their faults, are inclined to take the easy way out by producing an average type of report which calls for neither comment nor criticism, is confirmed by the findings of a recent investigation by a Principal Tutor, published in the Nursing Times (3).

The Principal Tutor analysed the contents of 203 ward reports for pupil nurses over a period of two years. These reports were made on the standard form supplied by the General Nursing Council and their completion was assisted by the provision of a guidance sheet. A careful analysis could detect no marked patterns in the reports for individual pupils, and all attempts at comparisons proved meaningless. Definite rating patterns, however, quickly emerged when the reports were sorted according to the writers and not the pupils. This led the investigator to the conclusion that these progress reports were, in fact, mirrors reflecting the stereotyped thinking of their writers, and bore little relation to the behaviour and progress of the pupils. It was noticeable that the most monotonous reports were written by those who were required to complete the larger number. This monotony was specially marked in the general comment at the end of the reports, where the same words and phrases frequently re-appeared.

(3) The use of Ward Reports. A Principal Tutor.
Nursing Times. October 8th 1965 p. 1379

The investigator concluded that these unsatisfactory results could well be caused by such human factors as the need for security, prestige, status and conformity. In addition, the fact that reports would be seen by pupil, tutor, matron and assessors also influenced marking. This report emphasises the need for a further awareness of the limitations of ward progress reports and suggests that their real worth would be increased if questions could be of a general nature and that opinions and forecasts only should be required.

20. At a conference, held at The Hospital Centre in November 1965, some matrons supported the opinion that the student should see her report but that this should be at the time she was discussing it with the matron, rather than when it was being written by the sister. It can be argued that if a report can be discussed fully with a student in a sympathetic and constructive manner, there should normally be no serious damage to self-confidence. The student nurse is expected to progress towards skilful performance; this is not possible if her failings are not discussed with her at the time. It is vital that no student should be left in a state of ignorance, or discouragement, but that praise should be given for work well done and time allowed for known weaknesses to be overcome. Only thus will ward reports become true progress reports.

21. Florence Nightingale, writing for Quain's Dictionary of Medicine in 1882, seems to have been in no doubt that nurses in training should not only have written progress reports but that they should also be told about their reports. Her article clearly stated:

"The Ward Sister (and equally the home sister) must not want moral courage to let the probationers know any unfavourable report she has made of them in the Sisters' Records. Not to do so would be unfair to the probationers".

22. There is no reason why blank copies of current report forms should not be permanently displayed in the school of nursing or why students should not only be given blank copies to study and discuss in their P.T.S. period, but also be supplied with copies of their completed reports throughout their training.

23. Filing of Report Forms: Completed progress reports were found to be filed almost exclusively in the Matron's office. In five hospitals, reports were kept in the school of nursing, and two hospitals prepared duplicate reports to enable both matron and principal tutor to have their own copies. All but four hospitals filed the completed reports in the student's personal folder, seven kept them separately and two filed them with the student's lecture records.

24. Availability of Reports: Forty-three percent of the hospitals stated that student nurses' reports were retained either permanently or "indefinitely"; 17% kept them until the completion of training, and 6% destroyed them when the nurse left the hospital. The remaining hospitals retained reports for periods varying from six months to twenty years, with the largest number falling within the 1-5 year range.

25. In ten hospitals reports were not summarized; no reply to this question was received from five training schools, and in all other cases summaries were made. Reports were summarized on cards in all hospitals with one exception, where a register was in use. It should be noted that summarizing can at times lead to misinterpretation, particularly with certain types of report forms.

26. Over half of the replies stated that progress reports would not be forwarded to other training schools if requested, but an equal proportion of the hospitals in which it was applicable, agreed that reports could be passed on to other hospitals in the same group, though such requests seem to be very infrequent.

D. DESIGN OF PROGRESS REPORT FORMS

27. Just over 33% of the training schools could give no information regarding the original date of production of their current report forms, but an equal number reported that their forms had been designed or revised within the last five years. Approximately one-tenth had been produced within the current year, but twice that number were said to be anything from six to twenty years old.
28. About 20% of the hospitals could not identify the originator of their forms but it was noted that, although tutors appeared to be involved in less than half of the original documents, their participation had risen to 60% when report forms were revised.
29. Size and style: The forms submitted showed a wide variety in size, varying from 4" by 10" to slightly larger than foolscap. Two-thirds were printed; the rest duplicated. With only three exceptions, the forms consisted of single sheets, and all but 17 were printed on one side only.
30. Some of the report forms contained a mass of detail into which had to be fitted the sister's report on the student. Planning and layout varied widely and the lack of any sort of guide-lines in a number of the forms made them difficult to complete, and probably even more difficult to decipher after completion. Fifty of the forms, however, provided guide-lines, and about half of that number required the necessary tick or grading symbol to be placed in an appropriate square on the form; this simplified the task of reading completed reports.
31. Headings: Only a quarter of the forms included the name of the employing authority and some failed to give the name of the individual hospital or training school. It was difficult at first sight to tell the actual purpose of some reports on account of the confusing variety of titles. By reason of the wording used, it was not always clear whether student or sister was the subject or the writer of the report.
32. Four forms gave no indication of dates of duty, and only eight allowed space for the total length of time spent in the ward or department. All but four specified the type of nursing experience, and about half mentioned the year of training.
33. Number of forms in use: A single form for all stages of nurse training was used by 73 hospitals; twenty favoured two different forms; three used three different forms and one had four to cover the training period. A number of hospitals used separate forms for the fourth year. A different colour for the report form for each year of training was the most usual method of identification.
34. Answers to the questionnaire showed that 55 hospitals opposed the idea of more than one type of report form; seven were uncertain. Of the 30 who favoured the idea, the majority felt that additional information on the work of third year nurses, with special reference to attitude to responsibility, leadership, judgment, personal relations and administrative ability was required. Only one third favoured the use of differently constructed report forms for work in hospital departments, chiefly theatres, although casualty and out-patient departments were also mentioned.
35. According to general comments from the training schools, 47% expressed satisfaction with their present report forms, and had no wish to change; half that number had recently revised, or were in process of revising, their forms. No comments were forthcoming from the majority of the remainder, but a handful expressed a desire to change, although they made no positive suggestions. In contrast to this, however, replies to the questionnaire showed that 54% were strongly in favour of, and 20% equally strongly opposed to, the idea of standardisation of report forms. Of the remainder, half were doubtful, or had formed no definite opinion, and the rest gave a somewhat cautious and conditional acquiescence.

E. GENERAL COMMENTS

36. Full advantage was taken of the opportunity for free comment in the questionnaire from the Hospital Centre, and the information thus obtained proved both valuable and revealing.

37. There appears to be general acceptance of the fact that regular reports on the work of the nurse in training are essential to keep matron, tutor and the student herself informed of progress. What is not so clear is the exact form such reports should take and precisely what one should expect to obtain from them. No clear picture of any general standard could be obtained from the bewildering variety of forms, although it was obvious that some hospitals had copied the forms of other hospitals without showing any evidence of having adopted them to suit their own particular needs.

38. If the purpose of nurse training is that the student should learn to nurse people, then the main purpose of a report is surely to ascertain her progress in the handling and care of patients. Whether or not the present miscellany of forms always achieves this aim is open to question. It would seem that this view is also shared by many of those responsible for the preparation and scrutiny of progress reports. Uncertainty was particularly noticeable in the answers to the question - "How, in your opinion, do these reports help you to ascertain

(a) whether or not a student nurse should continue in

the Training School?

(b) whether or not she is making satisfactory progress?.

39. Among the points which emerged most clearly from both discussions and survey were the difficulty experienced in trying to be completely objective in the task of assessment, the awareness of possible clashes of personalities, and the varying abilities of individuals to express themselves. At present it is not unusual for assessment of the student to be preceded by, and also influenced by, an assessment of the writers of her reports. An underlying fear, apparent in a number of replies, that progress reports do not always present a full and honest picture of the student, was epitomised by the comment that "all persons writing a report should have the courage of their convictions".

40. The general impression obtained from an analysis of the report forms and a study of the replies to questionnaires in this survey can be briefly summed up in the candid comment of one correspondent who wrote, "When one receives a questionnaire of this nature, one immediately realises that more thought should be given to the forms!".

F. REPORT OF CONFERENCE

41. The problem of the most satisfactory method of keeping the nurse in training informed of her progress, and the part which the progress report can or should play in this, were discussed in conference (1) by a group of nursing personnel from a selected number of the participating hospitals.

42. Progress reports were considered to be a valuable aid to all those engaged in training the student nurse and to the student herself, and there was a general desire to find the best methods of helping the student to develop and improve the quality of her nursing care. Some of the difficulties which can arise by allowing students to see their reports were faced and, although there was considerable divergence of opinion, most of the tutors and sisters present at the conference felt that it was essential for students to see their reports. Uncertainty as to the content of her report could have serious effects upon a student nurse, but it was necessary not only to discuss the report with the student before it was written, but also to keep her informed of her progress at regular intervals.

43. The question of grading and point rating revealed some perplexity and divergence of opinion. One of the points raised was whether, in fact, every characteristic should be rated or whether rating should be applied only to progress in work done in the ward.

44. The two student nurses who were present also expressed a keen desire to be kept well informed of their progress by means of discussion over their reports. The need for praise for work well done, and as a spur to further effort, was emphasized. The ward sisters were unanimous that the writing of progress reports was one of the most difficult and, at the same time, one of their most important tasks. They were also firm in their preference for report forms requiring free comment under broad headings and in their desire for some form of guide book to help them. They were not all averse to the idea of a nationally accepted standard form, and marks were considered by some to be merely an administrative convenience and of little real value.

45. There was obviously a general, though somewhat vague, feeling of dissatisfaction with the present situation and a desire for more adequate guidance on the purpose and methods of assessment. It was suggested that what was described as an era of "muddling through" by "a bunch of amateurs" was drawing to a close, and the time had arrived for a more scientific approach to the subject.

G. OTHER INVESTIGATIONS

46. The foregoing paragraphs leave little doubt that there is need for re-thinking about both the purpose of ward reports and the methods of drafting them.

47. The majority of progress report forms studied in the survey have been produced in isolation at local level according to individual needs and preferences, although several definite styles have clearly been adopted and modified by a number of training schools. This present haphazard method has produced such a variety of forms that any comparison would be difficult and probably valueless.

48. Isolated attempts have been made to deal with the problem of assessment in a more scientific manner, and their results are worthy of closer study.

- (a) In 1950, Petrie and Powell (4) reported on an investigation into selection tests for nurses in an attempt to reduce the number of unsuitable applicants accepted for training. The plan was first to find the relation between a student's scores in various personality tests and her all-round performance as a nurse, and then by this means to prepare a set of tests which would adequately predict an applicant's suitability for nurse training.

In order to find a suitable standard, a rating scale was devised and applied to the performance of a selected group of student nurses for a definite length of time. It was found that ratings on a number of traits was more reliable than on a few traits, and also that the reliability of ratings increased as the number of judges increased. A selection of 18 personality and ability traits rated on a five-point system was finally found to be reliable, provided that certain necessary precautions were taken.

(4) Personality and Nursing. Asenath Petrie and Muriel B. Powell
Nursing Times. March 11 1950.

These attributes and their rating system, originally used in the course of a selection experiment which increased the number of satisfactory applicants accepted from 75% to 94%, were adopted for ward progress reports. This system is still in use at St. George's Hospital (see Appendix D).

- (b) Ten years later, another attempt to overcome the problem of student wastage was reported from the Devon and Exeter Hospital (5). This work was carried out by the Department of Psychology of Exeter University, using the same list of personality and ability traits. Here again the same list was adopted for use in ward progress reports, and today the progress report forms in use at these two hospitals are practically identical.
- (c) Since 1961 an experiment has been in progress in the United Liverpool Hospitals where, in collaboration with industrial psychologists, nursing staff have prepared a series of exploratory forms. A tentative form has finally been agreed for adoption throughout all hospitals in the group for a limited period. Although this experiment is far from completed, much has already been learned, in particular, the need for adequate time for discussion and experiment, and for widespread participation at all levels (see Appendices E1 and E2).

49. In view of the number of progress report forms that have been revised in the last five years (see para. 27), it is highly probable that other interesting and valuable work has been undertaken. No reports of such work seem to be available, but it is known that this present survey has already stimulated the setting-up of staff working parties in at least three hospitals.

H. TRAINING REPORTS IN INDUSTRY

50. Systematic reporting on the progress of apprentices and trainees has long been the practice in most large industrial and commercial organisations.

51. By courtesy of the Institute of Personnel Management, a selection of such report forms was made available for this study (see Appendices F1 and F2). Most of these forms were based on a five-point grading system and a comparison of these reports with those nurses' progress reports using the same system, proved to be an enlightening and valuable exercise.

52. The following points were particularly noted:

- (1) the report forms for apprentices were well planned, clearly laid out, simple to complete and easy to read after completion.
- (2) all the essential general information concerning the trainee was included at the top of the form.
- (3) clear and detailed instructions for the supervisor responsible for completing the report were contained within the actual content of the report form.
- (4) characteristics and attitudes on which comments were required appeared to be carefully chosen, having direct application both to the trainee's suitability for the job and his progress therein.
- (5) reports had to be completed at regular intervals, usually quarterly. (This would of course be too infrequent for nursing reports, but regularity is important).

(5) Predicting the Successful Nurse. Terence Lee. Nursing Times. April 29 1960
Lee T. - Occupational Psychology. 1959, 33, 209-216.

53. Clarity and economy seemed to be the keynotes of all these report forms. No unnecessary information was requested, but neither did anything of importance appear to be missing. Emphasis on the stage reached by a particular trainee at the time of writing of a report ensured that from any series of reports an accurate and clear picture of the progress of the individual could be quickly obtained.

I. CONCLUSIONS

54. The results of this small survey point to the need for a re-appraisal of current methods of assessment of nurses in training.

55. It is generally accepted that some suitable method of keeping both student and teacher adequately informed of the student's progress is essential. At present this is done by means of written reports. If this is considered to be the best method, then it is necessary to obtain a clear picture, not only of what should be expected from such reports but also of how this can be attained.

56. Ward reports on the nurse in training should present a true and full picture of the student, of her progress in the acquisition of knowledge and practical skills, and of the development of her character and abilities. They should, therefore, include not only her strong points but also her weaknesses, and the attempts made to overcome them. Finally, they should give some indication of her possible future potential. As she proceeds through her training, progressively more should be expected from the student nurse, although adequate allowances should be made for the slow developer.

57. Having agreed these basic principles, the next step is to transfer theory into practice. The results of the present survey, and the experiments which have already been carried out into the function and design of report forms, emphasize the great need not only for further study and experiments, but also for the need to enlist expert technical advice and assistance. It is hoped that an increasing number of hospitals will become actively involved in experiments of this kind, in order to promote a greater understanding of the purpose of progress reports among all grades of nursing staff.

58. The time has not yet been reached when standard forms can be used throughout the country, but attempts to reach a greater uniformity of procedure in the assessment of nurses in training and to devise a more scientific approach to the subject should not be dismissed lightly.

59. The following points merit serious consideration:

- (1) The type of forms and methods of assessment to be used - whether by free comment, free comment under headings, various types of structured forms such as those giving choice of answers or gradings under headings, or combinations of two or more of these main types (see paras. 6-8).
- (2) The minimum length of time for which progress reports should be written on student nurses (see para.10).
- (3) The training necessary for nursing personnel responsible for the writing of progress reports and the amount of detailed guidance required (see para.13).
- (4) The extent to which staff nurses should be involved in the preparation of reports on student nurses (see para.11).

- (5) The practical participation of the student nurse in the preparation of her reports and discussions on her progress (see paras. 16-22).
 - (6) The number of forms required to cover adequately all stages of training (see paras. 33 and 34).
 - (7) The need for further experimentation in the design and use of assessment forms, taking full advantage of the experience already gained in some hospitals and in industry (see paras. 46-53).
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CONCLUSIONS

The model of the development of the student's knowledge and skills in the field of the study of the history of the world, which is presented in the article, is based on the following principles:

1. The study of the history of the world should be carried out in accordance with the principles of the scientific approach to the study of the history of the world.
2. The study of the history of the world should be carried out in accordance with the principles of the scientific approach to the study of the history of the world.
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The model of the development of the student's knowledge and skills in the field of the study of the history of the world, which is presented in the article, is based on the following principles:

They should be able to:

- 1. To understand the meaning of the historical process and the role of the individual in it.
- 2. To understand the meaning of the historical process and the role of the individual in it.
- 3. To understand the meaning of the historical process and the role of the individual in it.

When studying the basic principles, the next step is to study the history of the world in general, and then the history of the world in particular. The study of the history of the world should be carried out in accordance with the principles of the scientific approach to the study of the history of the world.

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COPY OF QUESTIONNAIRE CIRCULATED BY
THE HOSPITAL CENTRE

Practical Progress Reports on the Work of Nurses in Training
in Hospital Wards and Departments

1. (a) Who designed your report form, and how long ago?
(b) Who is responsible for its revision?
2. (a) Are the Nurses' Progress Reports kept:
 - i) in Matron's office
 - ii) in the Nursing School
 - iii) elsewhere (please specify)
(b) With what other documents are they filed?
3. (a) For how long are reports kept after the nurse has completed her training?
(b) Are the reports available to other hospitals if the nurse:
 - i) changes her training school
 - ii) changes hospitals within the same training scheme
4. Are the reports summarized, and if so
 - (a) where is the summary written?
 - (b) where stored for reference?
5. How long does a nurse have to work in a ward or department before a written report is given?
6. (a) Is any preparation and instruction given to Sisters on appointment about reporting on the progress of student nurses?
(b) If so, by whom is it given?
7. Do you think that Sisters require detailed guidance written into the progress reports?
8. Does the Ward/Department Sister ever delegate the writing of progress reports?
9. When a Sister is on annual or sick leave, do you:
 - (a) ask for a report from her deputy
 - (b) wait until she has returned to duty
 - (c) allow the report to lapse?

10. When Nurse is on night-duty, who writes her report:

- (a) Night Sister
- (b) Ward or departmental sister

In view of the shorter periods of duty between nights off for the sister and the student, what is your opinion as to the validity of a report written by (a) or (b) ?

11. Do you think there should be room on the report form for free comment on all matters mentioned?

- (a) Question by question
- (b) As a general comment at the end of the report

12. In assessing these reports do you obtain a satisfactory picture of the student nurses' progress from the use of:

- (a) marks (1-100)
- (b) grades (A-E)
- (c) comments (Ex., V.G., G., Fair etc.,)
- (d) a mixture of all three
- (e) two of a, b or c? (Give details)

13. How, in your opinion, do these reports help you to ascertain:

- (a) whether or not a student nurse should continue in the Training School?
- (b) whether or not she is making satisfactory progress?

14. (a) Do you think there are advantages in differently designed report forms for different years of training?

- (b) If so, give details.

15. (a) Do you consider that work in departments requires differently constructed report forms from ward reports?

- (b) If so, which departments?

16. If you would like your present form altered, in what ways would you wish to change it?

17. What is your opinion of the suggestion that there should be a standard form of progress report for student nurses?

18. What are your views on the question of progress reports being:

- (a) discussed with)
- (b) seen by) - the student nurse?
- (c) signed by)

19. Do you have any system of obtaining written reports on trained nursing staff?

20. Any other comments.

Signed.

APPENDIX B

SELECTION OF ATTRIBUTES ON WHICH COMMENTS WERE
REQUESTED IN PROGRESS REPORT FORMS

- | | |
|---|---|
| <p>A.</p> <p>Attitude to senior staff
 patients
 visitors
 other staff</p> <p>Adaptability
Accuracy
Administration, interest in
Attention to pts' needs
Aptitude for nursing
Amenable to advice
Applic. of theory to practice
Administrative potential</p> <p>B.</p> <p>Behaviour</p> <p>C.</p> <p>Co-operation with Colleagues
 senior staff</p> <p>Conduct
Concern for pts' comfort
Capability
Conscientiousness
Care of hospital property
Cleanliness
Courtesy to all gdes. staff
 pts. and visitors</p> <p>Carefulness
Consistency
Criticism, attitude to
Common-sense
Calmness</p> <p>D.</p> <p>Discipline, amenable to
Discipline, mtce. of
Diligence
Disposition
Detail, attention to
Difficulties, ability to face
Decisions, ability to make
Deportment
Discretion
Deftness/Dexterity
Diction</p> <p>E.</p> <p>Ethical honesty
Emotional ability
Efficiency in emergency
Equipment, care of
Example to others
Energetic</p> | <p>E. (cont.)</p> <p>Even-tempered
Economy, exercise of
Enthusiasm
Equability of temperament
Eagerness to learn</p> <p>F.</p> <p>Forethought</p> <p>G.</p> <p>Guidance, response to
Good tempered
Gentleness</p> <p>H.</p> <p>Health
Helpfulness</p> <p>I.</p> <p>Intelligence
Interest in work
Initiative
Interest in pts. as people
 " " their condition
 " " her own training</p> <p>Influence
Inspires confidence</p> <p>K.</p> <p>Kindness to patients
Knowledge</p> <p>L.</p> <p>Loyalty to hospital
 senior staff
 colleagues
Leadership, powers of</p> <p>M.</p> <p>Memory
Manner
Method of working
Methodical in work
Manual dexterity
Mtce. of good tone
Mentally alert</p> <p>N.</p> <p>Neat appearance
Nursing ability/care
Neatness in work
Noise, attitude to</p> |
|---|---|

O.

Organising ability
Obedience
Observation
Oral expression

P.

Personal appearance
Personality
Punctuality
Practical ability
Property, economy in
Professional adjustment
Patience
Poise
Perseverance
Progress
Patient care

Q.

Quietness
Quickness

R.

Reliability
Responsibility, attitude to
sense of
Respect for staff
Report writing
Record taking
Resourcefulness
Reporting, verbal

S.

Self-confidence
Standard of work
Speed of work
Skills
Sense of responsibility
Sympathy
Self-discipline

T.

Tact
Tidiness
Thoroughness
Tenacity of purpose
Teaching ability/potential
Time, economy in
Trustworthiness
Truthfulness
Thoughtfulness
Team spirit

W.

Willingness to learn
Ward management
Working without supervision
Well-groomed
Willingness to teach
Written expression

Other Headings:

Best qualities
Weakest qualities
Faults
Improvement shown
General remarks

EXAMPLES OF GUIDANCE NOTES TO ASSIST
WITH THE WRITING OF PROGRESS REPORTS
FOR STUDENT NURSES

N. B. These instructions refer to a form of the type mentioned in para. 6,
i. e. "Free comment under detailed headings".

Sample A

Written Confidential reports from Sisters on Senior
and Junior Nurses

The following notes are for the guidance of Sisters in writing nurses' ward reports.
One full and comprehensive report is asked for to cover a nurse's total period in a ward or
department.

These reports are important and have a definite bearing and influence on the
subsequent position and responsibility which may be entrusted to a nurse. I would therefore
ask Sisters to regard this part of their work with serious responsibility. I realise the
difficulty of reporting on the moral and professional qualifications of junior nurses which can
be developed only by responsibility.

As a guide in writing nurses' reports the following qualifications should be
considered.

Moral qualifications

Temper	Tone	Loyalty
Tact	Energy	Judgment
Reliability	Discipline	Self-reliance
Common sense	Punctuality	Influence for good generally

Professional qualifications

General professional ability
Powers of observation and initiative
Ability to teach and train junior nurses
Administrative capacity

Please note:

Any special merits or defects
Suitability for promotion in hospital
Responsibility for hospital property
and economy in its use

N. B. These notes are printed on stiff card (size 8" x 5") and are accompanied by a second card bearing an explanation of the five-point grading system in operation in this school of nursing. As a result, the choice of answers for every question is restricted to the explanatory card and the resultant form is much simpler and easier to read.

Sample B

Guide to Sisters for writing
student nurses' progress reports.

1. The headings and dates are to be filled in carefully.
2. Qualities are assessed and a tick placed in the appropriate column. Comments are helpful.
3. Space is left for 'General Remarks'. These should include additional information or a summing up of nurse's progress in the ward or department.
4. The report should be discussed with nurse and then signed by Sister and nurse before it is returned to the General Office.

ST. GEORGE'S HOSPITAL, LONDON

REPORT FORM

APPENDIX D

SURNAME _____
(in block letters)

From : _____ To : _____

CHRISTIAN NAMES : _____
(in block letters)

Ward or Dept. : _____

Course commenced : _____

Previous nursing qualifications : _____

This form should be completed and returned to the Matron's office within one week of the nurse leaving the ward or department. Please use the following rating and add any other remarks which may be helpful in assessing the nurse's progress. No. 9 will not be applicable to junior student nurses.

1. Not up to standard .. 0 to 30%
2. Passable .. 31 to 50%
3. Satisfactory .. 51 to 60%
4. Very good .. 61 to 75%
5. Outstanding .. 76 to 100%

PROFESSIONAL COMPETENCE	GRADE
1. Knowledge of underlying principles of nursing practice and nursing skills	
2. Ability to adapt these to the individual needs of the patients. Imagination: Foresight: Ability to anticipate requirements of new situations	
3. Observation and reporting of signs, symptoms and relevant information. Accuracy: Judgment Memory	
4. General finish and smoothness of performance of clinical work. Skill: Attention to detail: Speed: Quietness: Economy in use of materials	
5. Quality of written work: Care and Neatness of record keeping	
6. Reliability in carrying out assigned duties, whether under supervision or not	
7. Enthusiasm and interest in maintaining and improving the standard of nursing care on ward or department	
8. Work management: Ability to plan, organise and time own duties successfully	
9. Work management: Ability to supervise work of others: Instruction of patients and junior nurses	
PROFESSIONAL RELATIONSHIPS	GRADE
10. Co-operation with other members of the ward team: Influence on associates and juniors: Relationship with other members of staff	
11. Relationship with the patients: Ability to gain their co-operation: Patience: Understanding: Sympathy and kindness	
12. Attitude to patients' families and visitors to the ward: Thoughtfulness: Kindness: Tact and Courtesy	
PERSONAL CHARACTER AND INTEGRITY	GRADE
13. Loyalty to the standards of the Hospital and School of Nursing: Co-operation with Authority: Ability to accept criticism	
14. Initiative: Ability to rise to the occasion in emergency: Ability to stand up to difficult situations	
15. Emotional stability: Poise: Self-control in relation to patients and others	
16. Punctuality in work and in coming on duty	
17. Appearance: General neatness and cleanliness of uniform: Posture: Manner	

REMARKS

Report discussed with nurse : Yes/No.

Date _____

Signature of
Ward Sister _____

UNITED LIVERPOOL HOSPITALS

REPORT ON PROJECT

Since 1961 a project has been going on in the United Liverpool Hospitals in constant close collaboration with psychologists working in the field of industrial personnel management. Any statistical work has been handled entirely by them and interpreted to the Sisters and Administrative staff at the yearly seminars, which are attended by all Sisters in the United Liverpool Hospitals Group. A series of experimental forms was constructed based on a survey of existing work elsewhere and on contributions from nursing staff. Initially the work was confined to one hospital, but in the course of 1965 a draft experimental form was adopted for trial use in a limited way in all seven hospitals in the group.

As a result of what had been learnt through all these stages, and from the valuable criticisms and suggestions contributed by the Sisters who had co-operated, another version was constructed. This was circulated for discussion at the seminars in March 1966, where it was agreed that it should be printed, with various modifications, and adopted throughout the Group for general use on extended trial. It was to be assessed after six months and again at the seminars in March 1967, in the light of regular critical use.

The work is by no means complete. A very valuable part of the production of a new form and a new method of assessing nurses is the learning process involved for the Sisters and Administrative staff. In particular it was demonstrated that it is essential to have adequate time for discussion and to involve as many people at all levels as actively as possible.

A necessary pre-requisite was the existence of good relationships and communications which, of course, entailed a great deal of hard work. The combination of circumstances in the particular local situation also helped to prepare the ground. For example during this period the hospitals concerned were working towards the formation of a joint school of nursing, and a Director of Nursing was appointed who was able to act as co-ordinator.

DATE _____

SINCE JANUARY 1891

the group. draft experiments have been conducted by nursing staff. Initial results have been encouraging. The group has been constituted based on the needs of the patients in the United Kingdom. The Sisters and Administrators of the management. Any statistical analysis of constant close collaboration with the group.

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whistler (1973).

valuable information and applicable to the development of a version was determined. The version was approved for release where it was observed that the information was not available throughout the group for general use. The information was then made available to the group for general use.

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possible
have separate from the
State and /therefore
new form and

[illegible]

1. The first step is to identify the problem. This involves understanding the current situation and the goals that need to be achieved.

APPENDIX E2
CONFIDENTIAL

HOSPITAL.....

NURSES' PROGRESS REPORT FORM

SURNAME..... FORENAMES.....

PREVIOUS NURSING QUALIFICATIONS.....

DATE OF ENTRY TO PRESENT TRAINING:.....MONTHYEAR

WARD OR DEPARTMENT..... FROM.....196... TO.....196...

DAY/NIGHT DUTY..... NUMBER OF WEEKS.....

ADVICE TO RATERS

1. Rate the qualities in the order in which they appear on the form.
2. Wherever possible, consider each nurse in relation to others with a similar length of training and experience, and a similar length of service in your ward or department. If you are reporting on more than one nurse, rate them all upon one quality at a time. This helps to keep the quality distinct in your mind, and to keep your standard constant.
3. Put a tick in the box which best fits the nurse in respect of the quality described. If, on any particular item, it is not possible or appropriate to assess an individual, write N/A (not applicable) and give brief reasons.
4. Try to remember that you are assessing a nurse over a PERIOD OF TIME. It is all too easy to allow particular 'incidents' not only to influence your assessment of a particular quality, but also to affect your general impression of overall merit.
5. Try not to let the nurse's strength or weakness in one quality cloud your judgment of her standing in another.
6. Don't hesitate to give both very high and very low ratings where deserved. Where warranted, praise should be given. At the same time, you have a responsibility to discuss with your staff their failings. It is wrong to let staff drift on in the mistaken belief that they are giving satisfaction.
7. If you find yourself giving a great proportion of high ratings or low ratings, consider whether this results from:
(a) Your having an unusually good or poor group of nurses compared with the Hospital generally or (b) Your tendency to be lenient or harsh in your judgment of them.
If you find yourself giving scarcely any ratings outside two or three grades, consider whether this results from:
(a) Your having a group in which there is much less variation than is usual among those in the Hospital generally or (b) Your reluctance to make reasonably marked distinctions in your judgment of subordinates.
If your answer is (b) in either case, try to revise your standard of judgment. Remember you have a duty to the Hospital and to the nurse to be as objective as possible.
8. The spaces for 'COMMENTS' may be used to qualify a rating which does not quite fit, to draw attention to some unusual circumstances affecting the individual, or to give brief evidence in support of an unusual rating, etc.

X

Y

I APPLICATION TO WORK	X applies	Tendency to X	Average	Tendency to Y	Y applies	
1. Industrious and keen; a willing worker.						Half-hearted and indifferent, does no more than she has to.
2. Eager to extend her knowledge and skill.						Appears to lack interest in learning.
3. Very quick in grasping essentials.						Often fails to grasp essentials.
4. Always punctual in coming on duty.						Frequently unpunctual in coming on duty.
5. Always prompt in carrying out her work.						Often slow; tends to hold up work.

COMMENTS:

II QUALITY OF WORK	X applies	Tendency to X	Average	Tendency to Y	Y applies	
6. Carries out nursing procedures very well for a nurse of her length of service and experience.						Gives poor performance of nursing procedures for a nurse of her length of experience.
7. Always applies her theoretical knowledge intelligently.						Generally fails to apply her theoretical knowledge intelligently.
8. Work is done thoroughly with great attention to detail.						Insufficient care given to detail.
9. Carries out instructions reliably without supervision.						Cannot be relied upon to carry out instructions unless closely supervised.
10. Very observant; reports signs, symptoms and relevant information.						Unobservant; omits to report relevant information.
11. Self-reliant and resourceful; capable of planning her own work.						Lacks self-confidence; does not organize her own work effectively.
12. Can always be relied upon to record necessary clinical data promptly.						Often dilatory in recording necessary clinical data.
13. Her written reports and records are complete and clearly expressed.						Her written reports and records are frequently incomplete and confused.

COMMENTS:

X

Y

III ATTITUDE TO PATIENTS	X applies	Tendency to X	Average	Tendency to Y	Y applies	
14. Anticipates and meets patients' physical needs.						Often fails to understand and meet patients' physical needs.
15. Shows understanding of patients as individual persons.						Seldom manages to approach patients as individuals.
16. Shows real skill in gaining the confidence and co-operation of patients; tactful and considerate.						As yet unskilled in gaining the confidence and co-operation of patients; frequently tactless.
17. Deals sympathetically and courteously with patients' relatives and visitors.						Often fails to show sympathy, tact and understanding towards patients' relatives and visitors.

COMMENTS:

IV ATTITUDE TO CO-WORKERS	X applies	Tendency to X	Average	Tendency to Y	Y applies	
18. Very well accepted by the nurses working with her.						Rather difficult in her relationships with her nurse colleagues.
19. Medical staff value her professional assistance in the clinical situation.						Often casual, poorly informed and unhelpful when working with the medical staff.
20. Polite and helpful in her approach to other members of the hospital staff.						Rather unco-operative in dealings with other members of the hospital staff.
21. Responds readily to guidance and instruction.						Often appears reluctant to accept advice or instruction.
22. Her instruction and supervision of others is effective and well-accepted.						Shows little ability in teaching and supervising others.

COMMENTS:

V PROFESSIONAL BEHAVIOUR	X applies	Tendency to X	Average	Tendency to Y	Y applies	
23. Takes care to appear neat and well groomed; wears uniform correctly.						Often untidy; pays little attention to appearance.
24. Shows appreciation of the need for quietness in speech and manner. Tries to protect the patient from undue noise.						Appears unaware of the need for quietness in speech and manner; frequently noisy.
25. Calm and effective even under pressure of work.						Easily ruffled; acts impetuously.

COMMENTS:

OVERALL GRADING Please indicate by a tick in the appropriate box.

Outstandingly good	Very good, Above average	Good. Average	Just good enough	Unsatisfactory

GENERAL REMARKS

This space may be used to *qualify* the overall grading or to *sum up* the report *in your own words* if you so wish.

Signature of Sister/Charge Nurse, or Deputy:

.....

Date.....

Report discussed with nurse: YES/NO

This Report was seen by me: Signature of Nurse/Student /Pupil.....

Date.....

MEMO:

REPORT ON TRAINEES
(This includes Technical Staff Trainees,
Craft Apprentices and all other young
employees under training, where appropriate)

TO

APPENDIX F1

Name:

Type of Trainee or employee:

Date of birth:

Date commenced

apprenticeship or training:

District or Dept.:

Date due to end

apprenticeship or training:

1. IMMEDIATE SUPERVISOR'S REPORT (Covering period.....)

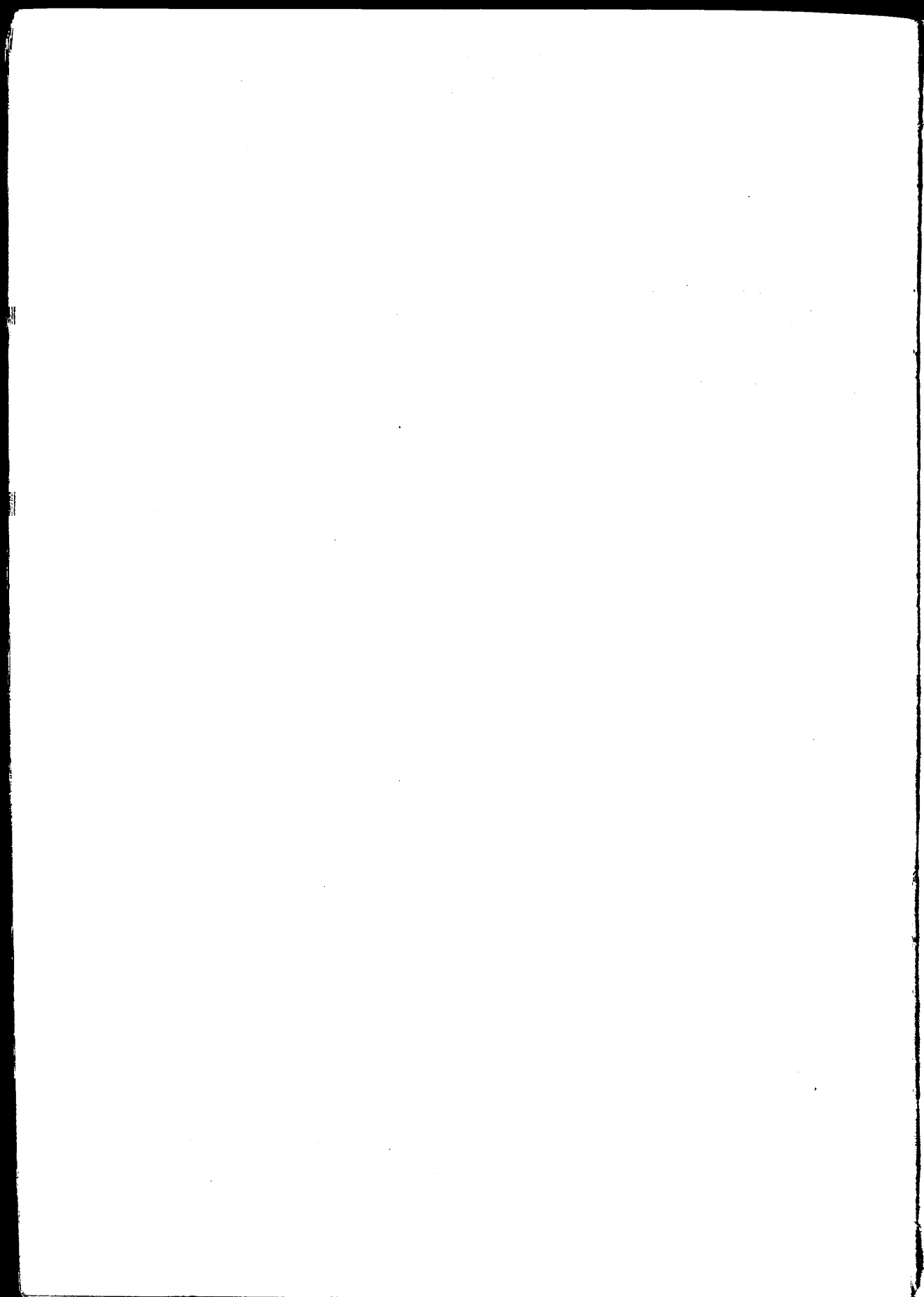
Consider here the work done and the AID given — NOT THE TRAINEE			
QUALITY OF WORK PRODUCED (finish — accuracy)	Top quality work, usually unaided		
	ABOVE ACCEPTED STANDARDS WITH OCCASIONAL AID		
	SATISFACTORY STANDARD WITH SOME ASSISTANCE		
	CORRECTION OFTEN NEEDED TO REACH SATISFACTORY STANDARD		
Excessive correction necessary to avoid scrap			
SPEED OF WORKING (under good discipline)	High enough to cause surprise		
	COMPARES FAVOURABLY WITH ADULT AVERAGE		
	ACCEPTABLE THOUGH LESS THAN ADULT AVERAGE		
	LOW ENOUGH TO ATTRACT SOME ATTENTION, THOUGH NOT SLACKING		
Painfully low			
Consider here the TRAINEE — NOT the work produced. Consider him as he is NOW (DO NOT CONSIDER HIS AGE). Consider him with ALL the similar Trainees you have known.			
ATTITUDE TO SUPERVISION (discipline)	Unusually co-operative and helpful		
	NOTICEABLY PLEASANT AND WILLING		
	NOT NOTICEABLY DIFFERENT FROM THE GENERAL RUN OF TRAINEES		
	REQUIRES CORRECTION RATHER TOO OFTEN (DISCIPLINE IRKSOME)		
Persistently disregards instructions			
ATTITUDE TO FELLOW EMPLOYEES (teamwork)	Exceptionally thoughtful of others and earns their respect		
	NOTICEABLE, SOMETIMES, FOR GOOD TEAM SPIRIT		
	NOT NOTICEABLY DIFFERENT FROM THE GENERAL RUN OF TRAINEES		
	NOTICEABLY SLOW TO MIX AND OCCASIONALLY 'ODD MAN OUT'		
Thinks only of himself: sometimes difficult or cause of friction			
INITIATIVE AND ALERTNESS	Enquiring, resourceful and quick in trying to solve problems		
	TRIES TO TACKLE DIFFICULTIES HIMSELF AND OFTEN GRASPS A POINT AT ONCE		
	NOT NOTICEABLY DIFFERENT FROM THE GENERAL RUN OF TRAINEES		
	TOO OFTEN ASKS WHERE HE COULD THINK IT OUT FOR HIMSELF		
Seldom thinks: waits to be told			
RELIABILITY (sense of responsibility)	Can be given some special jobs without fear of costly failure		
	USUALLY CAREFUL: REQUIRES BUT LITTLE ATTENTION		
	NOT NOTICEABLY DIFFERENT FROM THE GENERAL RUN OF TRAINEES		
	SOMETIMES CARELESS OR FORGETFUL: NEEDS SOME EXTRA SUPERVISION		
Generally careless and often irresponsible			
PUNCTUALITY AND TIME KEEPING	Always early to start — never stops work before time		
	WASTES VERY LITTLE TIME — VERY RARELY LATE		
	NOT NOTICEABLY DIFFERENT FROM THE GENERAL RUN OF TRAINEES		
	OCCASIONALLY LATE OR STOPS WORK EARLY		
Often late or stops work early			
SPECIAL APTITUDES (if any)			SPECIAL LIMITATIONS (if any)

Date:

Signature of Immediate Supervisor:

POSITION

Ratings: It will be found that if a large number of trainees were correctly assessed on these scales 4/10 of the total would be in the "average" or medium grade, 2/10 in each of the grades immediately above and below the average, and 1/10 in the highest and lowest grades. In order to keep this in mind the form has been designed to emphasise the average grade. In general if you don't notice a trainee much he probably deserves this grade. If you do notice him he probably deserves one of the other grades—if he is particularly good or bad (i.e. one in ten) he deserves the top or bottom grade. If he is noticeable to the extent of being two in ten, he deserves the intermediate grade above or below average.



APPENDIX F.2.

PROGRESS REPORT ON APPRENTICES

Name	Clock No.	Apprenticeship	Date
Apprenticeship year _____ _____ months ending _____		Summary of work done	Department

Please enter the appropriate classification number in the circle provided

A. PRACTICAL ABILITY How does he tackle the manual side of his work. Is he quick and adept or is he slow and clumsy?	1	A very rapid and accurate worker.....
	2	Reasonably quick and accurate.....
	3	An accurate worker inclined to be on the slow side.....
	4	Inclined to be slapdash and inaccurate.....
	5	Very slow and awkward.....
B. THEORETICAL KNOWLEDGE Does he know the theoretical side of the work he has been doing?	1	He has a thorough knowledge of his work.....
	2	He possesses a sound knowledge of his work.....
	3	Knowledge satisfactory, sometimes needs help.....
	4	Only a fair knowledge of the job.....
	5	Needs considerable help.....
	6	Knowledge satisfactory in view of his age and present standard of technical education.....
C. KEENNESS Does he show interest in his work or is he indifferent or bored or lazy?	1	Exceptionally keen and interested.....
	2	Good keen worker.....
	3	Shows average interest and keenness.....
	4	His interest is less than average.....
	5	Often slacks and appears disinterested.....
D. RELIABILITY Can you leave him to get on with the job without supervision?	1	Completely reliable from all points of view.....
	2	Generally a dependable worker.....
	3	Reliable having regard to the limitations of age.....
	4	Not very reliable, needs continual supervision.....
	5	Unreliable.....
E. INITIATIVE Will he try out several ways of doing things or is he content to jog along in the same way all the time?	1	Shows ingenuity and originality.....
	2	Resourceful in tackling difficulties.....
	3	Shows initiative at times.....
	4	A routine worker only.....
	5	Completely lacking in initiative.....

F. LEADERSHIP	
What do you think of his qualities of leadership	1 Has the qualities of a leader
	2 Average success as a leader
	3 Only slight success in giving a lead to others <input type="radio"/>
	4 Lacking in leadership
G. BEHAVIOUR	
Consider his general bearing to those in authority and to his fellow workers. Is he obliging and pleasant to work with or does he co-operate grudgingly?	1 Exceedingly co-operative and behaviour impressive
	2 Pleasant manner, gets on with others and general bearing good
	3 Fairly co-operative and general bearing average <input type="radio"/>
	4 Unfriendly personality. Slow to co-operate.....
	5 Resents instructions, a source of friction, unhelpful or slovenly
H. GENERAL EFFICIENCY	
What is your general impression of him as an apprentice?	1 Exceptional
	2 Very Good
	3 Average <input type="radio"/>
	4 Below average
	5 Poor
J. FUTURE PROSPECTS	
Taking all you know of him into consideration, what is your opinion of his future prospects.	1 Is a potential professional engineer
	2 Is a good craftsman and a potential supervisor
	3 Should make a good and conscientious craftsman <input type="radio"/>
	4 Only moderate development ahead
	5 Future prospects poor
K. TIMEKEEPING	
An apprentice who habitually clocks in after 7.30 a.m. but before he is in the red should <u>NOT</u> be classified 1 or 2	1 Excellent
	2 Very good
	3 Satisfactory..... <input type="radio"/>
	4 Poor
	5 Very poor.....

L. ABSENCE

..... Times with permission or sickness

..... Times without permission

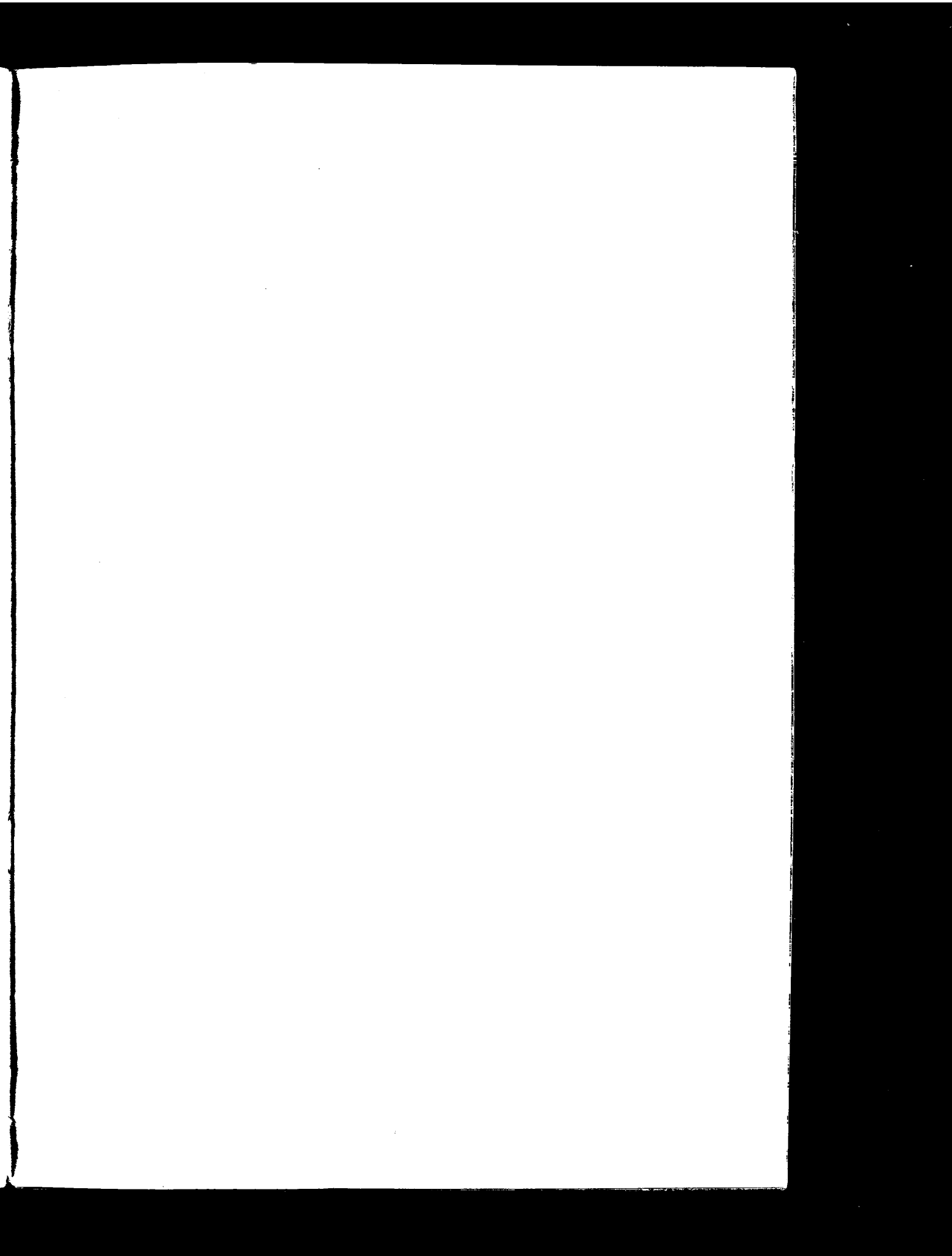
Please make a special effort to write in the space below a short report on your assessment of the apprentice.

Signed

Foreman

Signed

Departmental Manager



president
142 EAST HILL, DARTFORD, KENT
printing company ltd

King's Fund



54001000021207



PRICE 1/6
POST FREE