**Scotland Foundation School Taster Days Evaluation**

**Please fill in this form when you have completed your Taster Day(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Grade |  |
| Location/Specialty of Taster Day(s) |  | GMC  Number |  |
| Dates of Taster Days (from-to) |  | | |

**Evaluation/Reflection:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Why did you choose this specialty for your ‘taster’ session, and what did you hope to achieve? e.g. outline the reasons for completing the taster |  |  |  | |  |
| What did you experience during the session? |  |  |  | |  |
| What were your aims and objectives of experiencing this specialty? e.g. prior to the Taster, in what specific ways did you think you might be suitable for the speciality? |  |  |  | |  |
| How has this experience helped you to achieve your aims and objectives? e.g. what did you find the valuable learning experiences and how did they match your needs? What was the most challenging? |  |  |  | |  |
| Did the session meet your expectations? (please tick) | Yes |  | No |  |  |
| How would you rate your Taster Days? | Poor | Average | Good | | Excellent |
| Signature |  |  | Date |  |  |

**Please upload a copy to your e-portfolio**