

Mid- & End-Placement Review

A copy should be retained by the student and another by the Field Supervisor.

STUDENT	
Student's name	
Student number	
Student email	
Placement review	Mid <input type="checkbox"/> Final <input type="checkbox"/>
Student placement unit	PSYC513 <input type="checkbox"/> PSYC514 <input type="checkbox"/> PSYC534 <input type="checkbox"/> PSYC535 <input type="checkbox"/>

PLACEMENT AGENCY	
Name of Placement Agency	
Contact Number	

SUPERVISOR(S) COMPLETING EVALUATION			
Supervisor name			
Work phone number		Email address	
Additional supervisor name (if applicable)			
Work phone number (if applicable)		Email address (if applicable)	

HOURS UNDERTAKEN ON PLACEMENT						
	Client contact	Other activities	Individual supervision	Group supervision	Total supervision	Total Hours
Actual hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Target hours - PSYC513	100				60/40 (Rule A/B)	300
Target hours - PSYC514	150				50	350
Target hours - PSYC534	150				25/23 (Rule A,B,C/AE)	350
Target hours - PSYC535	150/200 (Rule A,C/AE/B)				25/30/27 (Rule A&C/B/AE)	350/400 (Rule A/ B & AE)

Supervisor Assessment of Student Clinical Competencies

Please rate the student's performance using CΨPRS. Information regarding the CΨPRS program is available on MyLearn. Please follow the below link to access the program:

<https://placementreview.net/auth/login>

Supervisor: I have completed the CΨPRS assessment. ☐ Yes

I have directly observed the student's practice ☐ Yes, once ☐ Yes, twice or more ☐ No
 If no, please advise below of your plan to view the students practice at least twice across the placement

Please give your views about the student's strengths/areas of most significant development.

Please give your views about the areas the student requires development.

Does the student require further or intensified supervised experience in particular areas?

☐ Yes ☐ No

If so what proposed changes will both supervisor and student work towards implementing?

Student Assessment of Clinical Competencies

Please contact the Placement Coordination Team via AskUNE to arrange a meeting for the Placement Review.
Please give your own views about your learning on this placement.

Please identify the areas where you feel you have demonstrated significant development.

Please identify the areas that you feel that you have been challenged.

Please identify the areas that you feel it is important for you to continue to work on and develop.

End Placement Review Only	
Rating of student's performance on this placement:	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Meeting Standard <input type="checkbox"/> Exceeding Standard
Please select either Fail or Pass:	<input type="checkbox"/> Fail <input type="checkbox"/> Pass

Signed by:			
Field supervisor:		Additional supervisor(s):	
Name		Name(s)	
Signature		Signature(s)	
Date		Date	
Student:		UNE Placement Coordinator	
Name		Name	
Signature		Signature	
Date		Date	
<p>Thank you for completing the Mid-/End-Placement Review and CΨPRS assessment.</p> <p>Student: please complete this form with your supervision and submit via MyLearn</p>			