

Email: AskUNE@une.edu.au

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 ☐ Final ☐			
Student placement unit	PSYC513 ☐ PSYC514 ☐ PSYC523 ☐ PSYC524 ☐			
PLACEMENT AGENCY				
Name of Placement				
Agency				
Contact Number				
SUPERVISOR(S) COMPI	LETING 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	Individual supervision	Group supervision	Total supervision	Total Hours			
Actual hours								
Target hours (PSYC513)	100			80	300			
Target hours (PSYC514)	150			50	350			
Target hours (PSYC523/524)	150			25	350			



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Supervisor Assessment of Student Clinical Competencies

Please rate the student's performance using C Ψ PRS. Information regarding the C Ψ PRS program is available on Moodle. Please follow the below link to access the program.

For students who commenced the degree prior to T2 2019: http://www.uws.edu.au/vmp/submit

For students who commenced the degree at or after T2 2019: https://cyprs.engageable.net/auth/login .
Supervisor: I have completed the CΨPRS assessment. Yes
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?



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Student Assessment of Clinical Competencies

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.



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End Placement Review Only								
Rating of students performance on this placement:		☐ Unsatisfactory		☐ Meeting Standard ☐ Exceeding Standard				
Please select either pass or Fail:		☐ Fail	☐ Pass					
Signed by:								
Field supervisor:				Additional supervisor(s):				
Name				Name(s)				
Signature				Signature(s)				
Date				Date				
					_			
Student:			UNE F	E Placement Coordinator				
Name	Na			Name				
Signature			Signa	Signature				
Date	te Date							
Thank you for completing the Mid-/End-Placement Review and CΨPRS assessment. Student, please complete this form, attach CΨPRS review, and submit via Moodle.								