

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"/> PSYC523 <input type="checkbox"/> PSYC524 <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	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



Master of Psychology (Clinical)
School of Psychology
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End Placement Review Only	
Rating of students performance on this placement:	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Meeting Standard <input type="checkbox"/> Exceeding Standard
Please select either pass or Fail:	<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	

Thank you for completing the Mid-/End-Placement Review and CΨPRS assessment.

Student, please complete this form, attach CΨPRS review, and submit via Moodle.