MID PLACEMENT APPRAISAL REPORT

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| --- | --- | --- | --- | --- |
| **Trainee Name:** Enter name | **Placement No:** Enter placement no. | | | |
| **Placement Type:** Enter placement type | | FT | | **N Days =** Enter # |
| **Start Date:** Enter start date | **End Date:** Enter end date | | | |
| **Supervisor(s):** Enter supervisor(s)’s name(s) | | | | |
| **Placement Address:** Enter placement address | | | | |
| **Visitor:** Enter visitor’s name | | | **Date of Visit:** Enter date | |

**Number of Cases:** # **Direct Contacts**: # **Days on Placement:** #

**Cancellation / DNA:**  # **Indirect Contacts:** #

**Number of observations *of* Supervisor(s):** #

**Number of observations *by* Supervisor(s):** #

**Number and type of Structured Assessments of Competency:** #

**Number of Client Feedback Questionnaires:** #

**Supervisor(s)’s main therapeutic model:** Enter model

**Range of Cases:** Click here to enter text

**Research (Thesis Proposal, SSRP or Thesis):** Click here to enter text

**Case Conceptualisation:** Click here to enter text

**Outstanding Learning Objectives:**

NAME started placement with the following standard learning objectives to achieve *(edit as appropriate)*:

1. Develop competencies in facilitating or co-facilitating group work.
2. Deliver a section of formal teaching/training to other staff.
3. Formulation skills - Cognitive Behavioural Therapy.
4. Application of formulation-based interventions using Cognitive Behavioural Therapy Model.
5. Formulation skills - Additional Therapeutic model.
6. Application of formulation-based interventions using additional therapeutic model.
7. Formulation of more complex cases.
8. Demonstrates competencies in selection and administration of neuropsychological tests.
9. Is able to interpret and feedback neuropsychological assessments.
10. Develop skills in working with families and/or wider systems around the client.
11. Multi-disciplinary team working- competencies in contributing to team functioning – team discussions and clinical work.
12. Consultancy/provision of psychological perspective to non-psychologists.
13. Develop knowledge and competencies in the organisational and service development aspects of the role of a Clinical Psychologist.

**Supervision Contract in place?** Y/N (If no, then this becomes a Recommendation)

**(For first years, first placement) Has mentor made contact?** Y/N

|  |  |
| --- | --- |
| *Desk* | Choose option |

**Facilities:**

Additional text (optional)

|  |  |
| --- | --- |
| *Computer Access* | Choose option |

Additional text (optional)

|  |  |
| --- | --- |
| *Secretarial Support* | Choose option |

Additional text (optional)

|  |  |
| --- | --- |
| *Treatment Room(s)* | Choose option |

Additional text (optional)

|  |  |
| --- | --- |
| *Access to Psychology Colleagues* | Choose option |

Additional text (optional)

**Supervision Arrangements:**

*Formal:* Click here to enter text

*Informal:* Click here to enter text

*Does the trainee feel that this amount of supervision is sufficient for their needs?*

Y/N

*Supervision of supervision:* Click here to enter text

**Trainee’s Account**

Click here to enter text

**Supervisor(s)’s Account(s)**

Click here to enter text

**Tutor’s Account**

Click here to enter text

# Tutor’sRecommendations

* Click here to enter text

# Learning Objectives to be met in second part of placement

* Click here to enter text

# Learning Objectives to be addressed in future placements (to be communicated to local tutor to aid in placement planning & in turn to next supervisor to facilitate identification of opportunities for learning experiences)

* Click here to enter text

***Enter Visitor Name and Designation***