

PLACEMENT REPORT **GS42**
DOCTOR & MASTER OF PSYCHOLOGY
& MASTER OF PSYCHOLOGY/PhD

This form should be completed by the placement supervisor in consultation with the student, at the end of the placement. The student attaches as an appendix a brief summary of the work undertaken at the placement.

Students should complete sections 1-2, and then pass the form to their placement supervisor. The information provided in Section 3 will form the basis for discussions with the Department's Placement Co-ordinator.

SECTION 1: STUDENT INFORMATION

Course: Master of Psychology Doctor of Psychology Master of Psychology/PhD
Stream: Clinical Child Neuro Org/Ind Forensic Health
Student No:
Name: _____

SECTION 2: PLACEMENT INFORMATION

Placement Component: Year 1 - 30 Days Year 2 - 55 Days Year 3 - 40 / 80 Days
Placement Venue: _____
Placement Supervisor: _____ **Number of days:** _____
Reports Completed (e.g., 2 X mental states, 1 X assessment report)

Date of Commencement: ____/____/____ **Date of this Final Report:** ____/____/____



SECTION 3: SUPERVISOR'S PLACEMENT REPORT

Please tick the appropriate rating, and make any comments as desired:

1. Attendance/punctuality: **Rating:** Good Satisfactory Inadequate

2. Personal presentation: **Rating:** Good Satisfactory Inadequate

3. Appropriate professional ethics (e.g. confidentiality): **Rating:** Good Satisfactory Inadequate

4. Organisation of time: **Rating:** Good Satisfactory Inadequate

5. Report writing: **Rating:** Good Satisfactory Inadequate Not observed

6. Oral case presentation: **Rating:** Good Satisfactory Inadequate Not observed

7. Interaction with clients: **Rating:** Good Satisfactory Inadequate Not observed

8. Interaction with other staff: **Rating:** Good Satisfactory Inadequate Not observed

9. Response to supervision (e.g. seeking consultation when appropriate, dependence on supervisor):
Rating: Good Satisfactory Inadequate

10. General attitude: **Rating:** Good Satisfactory Inadequate

11. Please comment as appropriate on the student's strengths:

12. Please comment as appropriate on any weaknesses that may require further supervised experience:

13. Are there any other comments that you would like to make on the student or the placement experience:

In order to finalise the placement, the student should contact the Department's Placement Co-ordinator to arrange a mutually convenient time for the student, supervisor and placement co-ordinator to meet.

SECTION 4: TRAINEE'S PLACEMENT SUMMARY REPORT

Attached is trainee's placement summary report (300-500 words, written by the trainee, detailing work undertaken)

SECTION 5: SIGNATURES

Supervisor	Date
Student	Date
Placement Co-ordinator	Date
Course Convenor	Date

- OFFICE USE ONLY -

UPDATE Placement Database

COPY TO Student File

____/____/____

DATE:

RESULT 512-9_____