



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Occupational Therapy Practice Education

Weekly Supervision Form

Student name:		Practice educator name:	
Academic year:		Date of supervision:	
Placement site:		Practice education week	

Agenda

(Student & Practice educator to complete prior to supervision)

Student Agenda	Practice Educator Agenda

	Student	Practice educator
What went well this week? Progress & strengths identified		
What was challenging? (How did you deal with this situation)		
Main competencies that require development (Please refer to the competency assessment form)		

What needs to be done to assist competency development?		
What resources can I use to assist competency development?		

Main points from discussion

Agreed learning objectives and strategies/resources for the coming week

Further comments

Student	Practice educator

Student signature: _____

Practice educator signature: _____

Date of next supervision/review date: _____

