



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

Trinity College Dublin Occupational Therapy Practice Education Weekly Supervision Form

Student name:	
Academic year:	
Placement site:	
Practice educator name:	
Date of supervision:	
Practice education week (example: week 3 of 11)	

Part 1: Student pre-supervision form (to be completed by student):

The purpose of this form is to assist the student with preparing for his/her supervision session. Please note that the completion of this form is mandatory. The student must complete an updated form each week and bring it to his/her supervision session.

What progress have I made with my learning objectives this week (as per my learning contract)?

What do I feel went well this week? What are my strengths?

What do I feel did not go well this week? Why did this not go well? What could I have done differently?

What competency areas do I feel require further attention/development? (as per competency areas on assessment form). What could my practice educator do to assist me with this?

What resources could I use to address the above areas of need?

List of my learning objectives for coming week

Part 2: Practice Educator pre-supervision form:

What do you see as the student's strengths? In which areas of practice have they done well?

Are there any areas the student is finding difficult?

What do you see as the student's needs? What could the student be doing differently or improve upon?

Part 3: To be completed by Practice Educator with student.

Student Self-Management

What strategies resources are being used, or could be identified to promote the student's self-management whilst on placement?

List strategies or actions that were discussed and agreed:

Part 4: To be completed by Practice Educator and student.

Using the student's pre-supervision form and the practice educator's assessment of student performance, please complete the questions below.

Summary of discussion of weeks progress and feedback given:

Summary of key learning objectives prioritised for the coming week (to be reflected in learning contract):

- 1.***
- 2.***
- 3.***
- 4.***

Summary of key learning activities identified to address learning objectives highlighted above (i.e agreed use of study time):

- 1.***
- 2.***
- 3.***
- 4.***

Practice educator signature: _____

Student signature: _____

Date of next supervision/review date: _____