**Discipline of Occupational Therapy**

FORM 22: PRACTICE EDUCATION JOINT SUPERVISION RECORD FORM FOR UNIVERSITY VISIT

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| **Student Name:** |  |
| **Practice Educator Name:** |  |
| **Week number (*please tick*)** | **1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □** |

# Part 2: Practice Educator pre-supervision form:

**Any concerns about Student’s Health and Well-Being?**

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Any concerns about their progression to meeting the CORU standards of proficiency to a beginning (2nd year,

Beginning level ), (3rd year – intermediate level) , (4th year – graduating level)

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**1. What do you see as the student’s strengths? In which areas of practice have they done well?**

**2. Are there any areas the student is finding difficult?**

**3. What do you see as the student’s needs? What could the student be doing differently or improve upon?**

# Part 3: To be completed jointly by Practice Educator and Practice Education Co-ordinator with student.

**Summary of discussion of weeks progress and feedback given:**

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**Agreed objectives for the rest of the placement: (agreed by PE and student)**

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| Signed | Practice Educator |  |
|  | Practice Education Coordinator |  |
|  | Student |  |
|  | Date |  |