FORM 22: PRACTICE EDUCATION FORMAL SUPERVISION RECORD FORM

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

Complete this form weekly. It can be handwritten or typed depending on local preference. Ensure all parties sign and date this form at the end of the meeting. Please give specific examples when reviewing competencies.

# **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)?**

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

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

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**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?**

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

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 **List of my learning objectives for coming week**

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#  Part 2: Practice Educator pre-supervision form:

**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 by Practice Educator with student.

**Student’s Health and Well-Being**

Has the student evidenced an awareness and an ability to take responsibility for managing his or her own health and wellbeing? Yes ☐ No ☐

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| **If No, please list strategies or actions that were discussed and agreed on this topic** |

*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:**

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**Agreed objectives for the following week: (agreed by PE and student)**

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| Signed | Practice Educator |  |
|  | Student |  |
|  | Date  |  |