

Observation on Clinical Placement - Clinical Psychology Training Programme

Optional Form for Feedback (can be adapted or alternative form used)

Placement: Number: _____. Population_____

Psychologist in clinical Training_____

Placement dates_____

Supervisor (or other observer) _____ Date of Observation_____

Work observed

Reason to choose this work for observation (e.g. new work, difficulties in engagement, representative of clinical area, addressing a specific skill)

Aims of observation and feedback (what do both parties want to gain from observing and providing feedback)

Mode of observation (direct, indirect (recordings), joint working) _____

Self appraisal by Psychologist in Clinical Training

Comments on content/contribution of psychologist in training

Comments on the process/management of interactions

Comments related to theoretical frameworks that inform the work

Areas of competence demonstrated

Areas for development

Options or need for further observation (name specific plans as agreed)

Signed _____ date____/____/____

Psychologist in Clinical Training

Supervisor