**UNIVERSITY OF ESSEX**

**DOCTORATE IN CLINICAL PSYCHOLOGY**

**Potential for Placement Failure - Review Form**

This form is to be completed by the Clinical Tutor in discussion with the trainee and the placement supervisor (-s). This is an official record of the review of the performance of a student at risk of failing a placement.

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| **PLACEMENT STAGE: 1A 1B 2A 2B 3A 3B** | |  | | **Placement Type**  (Child, LD, AMH, OA etc) | |  | | |
| **Trust/ Organisation** | |  | | | | | | |
| **Placement Supervisor Name:** | |  | | | | | | |
| **Trainee Name:** | |  | | | | | | |
| **Clinical Tutor** | |  | | | | | | |
| **Training Year 1st, 2nd, 3rd** |  | | **Trainee Cohort** | |  | | **Date of This Review** |  |

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| **Objectives identified** | **Indicators of level of performance** |
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| **Recommended Further Action** |
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| **Lead Supervisor** | **Trainee** | **Course Tutor** |
| **Name:** |  |  |
| **Signature:** |  |  |
| **Date:** |  |  |