**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\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

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Psychologist in Clinical Training Supervisor