

SECTION 3: Agenda

Student Placement Agreement review

Supervisor(s) feedback on student's performance to date

Student feedback to supervisor on placement experience to date

Date of direct observation/review of audiovisual recordings of student's professional practice

List any targets identified for the remainder of the placement

General comments/reflection

Proposed completion date

				Department of Education placements only			
Student name	Supervisor 1 name	Supervisor 2 name		DOE Delegate name			
Student signature	Supervisor 1 signature	Supervisor 2 signature		DOE Delegate signature			
Date	Date	Date		Date			
How to create a digital signature				Save form to a hard drive and email to Workplace Learning team. psychology-wpl@csu.edu.au			

Department of Education students must also submit a Placement Evaluation with this Mid-Placement Review.

SECTION 4: Charles Sturt office use only												
Mid-Placement Review Yes	No	Supervisor contacted	Yes	No								
Approved												
Comments:												
Placement Coordinator (Academic)												
Signature		Date										
		s	ave form to a	a hard	drive	and	email	to				

Save form to a hard drive and email to Workplace Learning team. psychology-wpl@csu.edu.au