

PLACEMENT PROGRESS SUPPORT NEEDS AND CONCERNS REPORT

This form is to be completed at the support needs, issues and concerns meeting which is chaired by the academic tutor. This form is to be used where a student, for whatever reason, is at risk of not successfully completing or passing their placement, and issues have not been resolved through supervision with their practice educator, practice supervisor, or through tutorials with their tutor.

The identified objectives and actions at the end of this form must be worked to and progressed by the student. If progress is not made in relation to these, it may lead to a risk of failing the practice placement.

SECTION 1: Placement Details

Student Name	
Programme	BA/ BSc/ MA/ MSc/ MSW / Step Up (delete as appropriate)
Placement	First Placement/ Final Placement (<i>delete as appropriate</i>)
Practice Educator Name	
Onsite Supervisor Name (<i>if applicable</i>)	
University Placement Tutor Name	
Team Name/Agency	
Agency address	
Start date of placement	
Days completed on placement at the point of the review	
End date of placement (if applicable)	
Venue	
Date & Time	

SECTION 2: Details of support needs/concerns/issues leading to the meeting?

Please include significant events, dates, evidence for the concerns and different viewpoints if relevant

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SECTION 3: SUMMARY RECOMMENDATION

Summary of identified objectives/actions	PCF Domain (if applicable)	Dates by which objective/action to be met	By Whom
1.			
2.			
3.			
4.			
5.			
Please add further rows if required.			

SECTION 4: SIGNATURES AND DATE (to be completed by all in attendance)

Signature of Practice Educator:		Date:	
Signature of Practice Supervisor: (If applicable)		Date:	
Signature of Student:		Date:	
Signature of Tutor:		Date:	

NB: All Universities using this form agree to not changing any of the substantive content. Changes to the format and content of this form may only be done with agreement of all parties via the agreed Change Control Process.