# MA ART PSYCHOTHERAPY PRACTICE

# FINAL PLACEMENT REPORT

# (To be completed by the supervisor at the end of placement)

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| --- | --- |
| **ORGANISATION:** |  |
| **STUDENT:** |  |
| **PLACEMENT SUPERVISOR:** |  |
| **DURATION OF PLACEMENT** |  |
| **From:** |  |
| **To:** |  |
| **NUMBER OF DAYS:** |  |

Please comment on the following areas of the student placement. Use additional sheets if required.

1. **The student’s relationship with patients or clients**

**ii) The student’s ability to work therapeutically with images**

**iii) The student’s relationship with other staff**

**iv) The student’s relationship with yourself as placement supervisor**

1. **Do you have any concerns regarding the student’s capacity to continue their training/qualify (delete as appropriate) as an art therapist?**

If yes please indicate (a) the reasons for this, and (b) what additional training or experience you wish to recommend.

**vi) Student’s comments**

**SIGNATURES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** |  | **Date:** |  |
| **Supervisor:** |  | **Date:** |  |