# MA Art Psychotherapy Practice

## PLACEMENT VISIT

# (to be completed by the academic advisor)

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

**BRIEF DESCRIPTION OF SERVICE/CLIENT GROUP:**

**ISSUES DISCUSSED**

1. **The student’s relationship with clients/service users?**

1. **The student’s ability to work therapeutically with images?**

**3 The student’s relationship with the wider multi-disciplinary team?**

**4 The student’s relationship with the placement supervisor**

1. **Learning goals identified, and how goals will be achieved?**



**6 Does the placement supervisor consider the student to be ready for independent practice? If the supervisor considers the student not to be ready (a) indicate the reasons for this, and (b) what additional training or experience are recommended.**

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| **SIGNED:** |  | **DATE:** |  |