**Midway Review Form**

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| **Student:**  **Supervisor:**  **Tutor:**  **Others:** |
| **Sickness and Absence from Placement**  Has the student been absent from the placement?  Yes  No  If yes have arrangements been made to make up placement hours? |
| **Student Support Needs**  Are the students support needs being addressed?  Yes  No  Details |
| **Concerns**  Are there any concerns or issues in relation to the placement and/or the student's ability to successfully complete and pass the placement?  Yes  No  Details |
| **Health & Safety**  Are there any Health & Safety issues or concerns?  Yes  No  Details |
| **Induction**  Has the student undertaken and completed an induction programme?  Yes  No  Details |
| **Placement Working Days/Hours**  Are the agreed working days/hours still appropriate?  Yes  No  If no please detail any changes |
| **Student Practice Learning Needs and Opportunities**  Are the student's practice learning needs agreed at the initial meeting being met?  Yes  No  Details:  Are any new opportunities or experiences available to the student during the second half of the placement? |
| **Supervision and Support**  Are the arrangements for supervision, support and feedback working?  Yes  No  Details: |
| **Assessment of Practice**  How many direct observations of the students practice have been undertaken to date?  Has the student received written feedback on the observation? |
| Has the weekly placement log been kept up to date by the student and signed by the placement supervisor?  How many hours has the student completed to date?  What is the anticipated completion date of the placement?  **NB: This date must allow for completion and submission of the portfolio by the submission date stated on the assessment scheduler** |
| What are the strengths of the student?  What skills, knowledge and experience could the student continue to develop over the second half of the placement |
| **Any Other Comments** |

**Signatures**

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| Student |  | Date |  |
| Supervisor |  | Date |  |
| WBL tutor |  | Date |  |