**University College Cork**

**School of Applied Psychology**

**Doctor of Clinical Psychology**

**Service-Related Project: Feedback Form**

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| --- | --- |
| Trainee: |  |
| Supervisor: |  |
| Project Title: |  |
| Date Submitted: |  |

**Feedback**

Assessors are asked to consider the following aspects of the project in their comments, as deemed appropriate:

**Rationale/Context:** Is literature reviewed in a focused way which leads towards an explicit rationale for the project? Is the literature reviewed relevant and pertinent to the nature of the activity? Are the aims and objectives of the project clear? Do these match the activity actually involved?

**Methods/Protocols:** Are methods and protocols justified? Are methods employed appropriate to the research question? Is attention to issues of control and validity appropriate to the aims of the study and intended generalisability of conclusions? Does the trainee evidence ethical practice and awareness in the recruitment and treatment of participants? Are protocols clear and reproducible?

**Findings/Analysis:** Are the research findings (summary data etc.) clearly presented? Are appropriate methods of analyses employed and does the trainee seem aware of the utility and limitations of such procedures?

**Interpretation/Discussion:** Are interpretations of findings clearly articulated? Are the limitations of the research and other interpretations acknowledged? Are appropriate clinical/professional applications considered? Are findings and interpretations related back to the stated aims or hypotheses and other work in this area?

**Dissemination/Presentation:** Is the “story” of the research clearly written at a level and in a way which is appropriate for the intended “audience” of the research? Does structure and presentation aid comprehension and appreciation? Has attention been given to grammar, syntax, clear expression, proof-reading etc.? Is the referencing complete and in a systematic format?

***Assessor Decision***

Please circle ONE of the following decisions:

a. Unconditional Pass

b. Pass with minor amendments

c. Pass with major amendments

d. Not Passed – Revise and Resubmit / Additional or new work required

Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_