**Student Supervision Contract Form**

**The following details have been agreed (in week 1) between:**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Practice Education Placement Year:** |  |
| **Total Number of Placement Weeks:** |  |
| **Location of Supervision:** |  |
| **Frequency of Supervision:** |  |
| **Duration:** |  |
| **Agreed Format: (e.g. pre-supervision form)**  |
| **Any other specific arrangements / needs:** |
| **To ensure the Supervision is effective I commit to cooperate with the above arrangements.****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Supervision Record**

**Week:** \_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_ **Duration:** \_\_\_\_\_\_\_\_\_\_\_\_

**Topics for Discussion**

|  |  |
| --- | --- |
| **Student Agenda** | **Practice Educator Agenda** |
|  |  |

**Summary of Discussion**

*(Examples: learning objectives, wellbeing, caseload, professional development, critical incidents from reflective diary etc.)*

|  |  |
| --- | --- |
| **Agreed Actions** | **Timeframe for Action and by Whom** |
|  |  |

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practice educator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_