

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: _____