PLACEMENT FEEDBACK QUESTIONNAIRE (DPsych ClinNeuro)

Student Name: ................................................................. Student ID: .................................................................

Placement Supervisor: ...................................................... Placement Organisation ........................................

Dates of Placement: ............................................................

What did you most enjoy about this placement?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What did you least enjoy about this placement?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Was the placement of sufficient duration?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Do you think that you received enough clinical supervision?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Do you think you were given the appropriate amount of responsibility given the stage of your placement and your level of experience/knowledge?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Were you able to complete your placement-related workload within the time allocated to placement?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Did you feel comfortable with discussing issues with your supervisor?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Did you feel sufficiently prepared by your DPsych Clinical Neuropsychology course for placement requirements? If not, please comment on what areas you were not sufficiently prepared.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

If there were problems during this placement, did you feel that you received adequate support from the university?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Signature: ___________________________ Date: ________________