MSc Music Therapy Programme

**MID PLACEMENT REVIEW**

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| **Learner matriculation no:** |  | **Year:** |  |
| **Name of Practice Educator (PE)**: |  | **Review date:** |  |
| **Name of Personal Academic Tutor (PAT):** |  |

**SUMMARY OF CONVERSATION BETWEEN PE AND PAT**

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| --- | --- |
| **Strengths** | **Areas for development** |
| * **…**
* **…**
* **…**
 | * **…**
* **…**
* **…**
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| **Concerns (if any)** |
|  |
| **Other comments (if any)** |
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If any concerns are identified, then a follow-up meeting is required between the PAT and the learner.

**LEARNER’S COMMENTS**

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| **Please comment on your overall placement experience so far and respond as appropriate to the strengths, areas for development or concerns identified above.** |
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Please email the completed form to your Personal Academic Tutor