



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:** _____