



**School of Health Sciences  
BSc (Hons) Occupational Therapy  
MSc Occupational Therapy (pre-registration)**

**Practice Education Supervision Record**

**To be completed on a weekly basis by the student**

**What has gone well?**

**What has not gone well?**

**What does the student see as  
his/her learning need?**

What has the student learned from these experiences. What will be done differently?

What does the practice feel like for the student? What could have been learned? What could be done differently?  
BT/108

