

Appendix I

**Special Interest Session Feedback Form
Higher Trainees**

To be completed electronically by the Special Interest Session Supervisor. The Supervisor should send the complete document to the Trainee by email with a copy sent to the Trainee’s Educational Supervisor. This should then be saved as ‘Special Interest Feedback (DD/MM/YYYY)’ in the ‘Supervision’ folder of Trainee’s ePortfolio.

The purpose of this report is to inform the regular reviews of progress which are conducted through Training. The report should reflect your experience of the Trainee’s performance during their clinical placement and progress made towards their objectives for their current year level. The Educational Supervisor will use this report along with WPBAs and other evidence in the ePortfolio to assess progress towards the objectives recorded in the Trainee’s PDP and for the Annual Structured Report used for the Trainee’s ARCP.

Mid <input type="checkbox"/> End <input type="checkbox"/> Placement Review		
Trainee Name:		Year of Training:
Special Interest Session Supervisor:		Specialty:
Period Covered:	From:	To:

Nature of Special Interest Session:

Learning Objectives set for Special Interest Session:

Start date of Special Interest Session:

Number of Sessions per Week:

Report From Supervisor
<i>The report should outline the progress made towards the Learning Objectives.</i>

Form Completed by (Special Interest Session Supervisor):

Date Form Completed: