

Review Meeting Record

1. Personal Information

Surname:	
Forenames:	
Email:	
Trainee Number:	

2. Meeting Details

Supervisors Name:	
Venue:	
Date:	

These points should be discussed:

	Review of academic module results and discussion of impact on SP
	Review of general progress on SP Framework to date
	Discussion of any difficulties with Supervised Practice
	Review of SP Pathway
	Review of PDP
	Review of Reflective Logs
	Discussion: Resources within the work place
	Preparation of upcoming targets
	List of competencies/clusters achieved so far
	Further matters were discussed

3. Notes on Further Matters Discussed (please turn over if extra space needed)

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4. Summary of Performance and Progress to Date

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5. Action Points Agreed

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6. Signatures

This form should be signed by both trainee and supervisor as an accurate record of the meeting.

Supervisor:	
Trainee:	

