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SUPERVISION RECORD (ROUTINE)

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| SECTION 1 to be completed by the student **prior to** the supervision meeting |
| Name:  | Lead Supervisor’s name: Co-supervisor’s name(s): |
| Date/time of supervision**:** | Date of last supervision: |
| a) Work undertaken since last supervision meeting (including update on agreed actions from last meeting): |
| b) Issues you would like to discuss in the supervision meeting: |

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| SECTION 2 to be completed by the STUDENT **after** the supervision meeting:a) Summary of discussion during supervision meeting (please refer to Section 1(b) above): |
| b) Objectives agreed with supervisor(s) at this meeting with dates for completion |

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| SECTION 3 Date/Time of next meeting: This form contains an accurate summary of our meetingSignatures : Student Date Lead Supervisor Date Co-supervisor Date |
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A copy of this form should be kept by the lead supervisor and by the student