**Music Therapy Professional Practice**

**Year 1**

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| Initial Review Meeting*Please sign to confirm meeting took place***Date of Meeting:****Trainee’s signature:****Placement Supervisor’s Signature:** |
| Mid-Way Appraisal Professional Practice Supervisor’s Comments:You may use this checklist as guidance – only brief comments needed at midway Checklist **THERAPEUTIC PROFICIENCY/SKILLS****PROFESSIONAL SKILLS****REFLECTIVE CAPACITY AND RESILIENCE**Trainee signature: Date:Placement supervisor signature: Date: |