**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: |