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| **Student** | **Clinical Educator** |
| **Course**BSc Physiotherapy | **Placement** |
| **Personal Tutor** | **Practice Education Facilitator** |
| **Present at meeting** |
| **Date** | **Time** | **Location** |

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| **Events leading a notification of failure** |

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| **Timescale of Action Plan** |

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| **Goal** |
| **Who** |
| **Method**. |
| **Measured by** |
| **Timescales** |

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| **Date to be reviewed** |
| **Actions should the goals not be achieved** |

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| Clinical Educator |
| Student |
| Personal Tutor |
| Practice Education Facilitator |