

**Department of Language and Linguistic Science**

**Review of Supervision**

*This review is to be completed by the student, facilitated by one or more TAP member(s), at the end of the TAP meeting in the absence of the supervisor(s).*

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| Please note that this section is confidential (unless agreed otherwise) and must not be uploaded on the record system (unless agreed otherwise). |
| **Student Name: Date of TAP meeting:** |
| **Please comment on:****1 Supervisory meetings** (frequency, length)**2 Research guidance and support** (is it sufficient for the stage the student is at in their programme?)**3 Feedback** (Is feedback consistent, constructive, of a timely manner, ..?)**4 Any other comments****5 a) Has the student raised concerns? Yes/No** **b) Would they like any concerns to be raised with their supervisor? Yes/No** **c) If so, when and by whom?** (by the student, the TAP Chair, or another member of staff; at the current meeting or on a subsequent occasion?) **d) Comments from the TAP member:****Has the student given permission for their supervisor to see these comments? Yes/No****Signed: (TAP member)****Signed: (Student)** **Date:** |