https://lh5.googleusercontent.com/69c8P-7bvHl_EnO_DTTh6MI1wZrTrd0zOBqJRTvEPYM8Y8IG-E9IuSU-zLnWcRLXglFJumn2YfeK2wgzm3nUh6A17H7zBNAe_iq0BmmLwkZfdwyd_FgJqKqRng

**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).*

|  |
| --- |
| 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:** |