**Final Meeting**

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| **Meeting Details** | | |
| Date and time of meeting |  | |
| Name and signature of preceptee |  | |
| Name and signature of preceptor |  | |
| **Reflection and discussion** | | |
| What has gone well? What challenges have you met? How have you overcome them? |  | |
| Review of development plan: tasks or training completed since previous meeting and those awaiting completion. |  | |
| **Review of Learning Goals** | | |
| Review learning goals based on individual needs.  Are there any outstanding goals needed to work towards |  | |
| **Growth based Career planning post preceptorship** | | |
| Identification of future career goals post preceptorship. Eg specliast interest, supervision training, research goal |  | |
| What additional learning / actions do you need to complete to meet these goals. |  | |
| What support do you require to achieve these goals? |  | |
| **Preceptorship sign off declaration** | | |
| **This is to confirm that the preceptee has completed all aspects of the preceptorship period.** | | |
| **Preceptor Feedback** | | |
| **Preceptee name and signature** | |  |
| **Preceptor name and signature** | |  |
| **Date** | |  |

(adapted from the [AHP Preceptorship Standards and Framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health))