Student Clinician: ____________________ Supervisor: ____________________

Client (last name, first initial): ____________________ Date: _______________

Professional Behavior

1) Starts and ends sessions on time
2) Submits lesson plan on time
3) Maintains a professional demeanor
4) Exhibits enthusiasm toward clients/clinical process
5) Personal hygiene/attire/grooming are appropriate
6) Develops and maintains rapport
7) Timely submission of paperwork (SP, SOAP, PTP, STR)
8) Maintain client confidentiality

Comments:
Planning

1) Integrates current diagnostic-treatment information to plan therapy
2) Writes in organized, clear and concise manner using professional terminology
3) Writes goals and objectives that are precisely defined in behavioral terms
4) Develops appropriate long term goals
5) Plans procedures related to stated goals
6) Makes between session modifications as needed
7) Weekly session analysis completed
8) Attends and participates during scheduled supervisory meetings
9) Demonstrates adequate preparation
10) Arranges room/seating, controls distracting stimuli
11) Presents stimuli that are age/task appropriate
12) Provides and monitors home program, when appropriate

Comments:
Weekly Clinical Feedback Form

Application

1) Clearly defines tasks for client
2) Maintains appropriate pace toward session goals
3) Elicits appropriate type of response
4) Provides appropriate type/schedule of reinforcement
5) Adequate number of trials presented to assess communication objectives
6) Makes in-session modifications as needed
7) Works toward client’s self-evaluation of response, when appropriate
8) Conducts session in an organized/confident manner
9) Sensitivity to client’s verbal/nonverbal responses
10) Verbal responses/behavior do not distract client
11) Data collection is ongoing
12) Works to increase client’s level of motivation
13) Implementation of supervisors recommendations

Comments:

Supervisor Signature_______________________________________________