

STUDENT SELF-EVALUATION FORM

Student: _____

Date: _____

Client's initials: _____

Clinical activity: _____

This form may be used by the student for self-evaluation of clinical skills/performance on a session-by-session or weekly basis. This form should be reviewed with the clinical educator.

What went well and why? What was successful about the session(s)?

What did not go well and why? What made the session(s) less successful?

What will I keep the same and why? What will I do differently next time and why?

Areas to consider when self-evaluating your own skills and performance:

- Professionalism
- Behaviour management
- Interpretation of test results
- Treatment implementation
- Counselling/interviewing
- Assessment planning/preparation
- Communicating results to client
- Data collection
- Interaction with client/family
- Test administration
- Treatment planning/preparation
- Session analysis