

S-LP CLINICAL SKILLS CHECKLIST

Student: _____

Date: _____

Client's Initials: _____

Clinical Activity: _____

Professional Skills	
Professionalism	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Counselling/ Interviewing	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Interaction with Client/Family/ Professionals	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Behaviour Management	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Self-Evaluation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Assessment/Diagnostic Skills	
Planning/ Preparation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Test Administration	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Interpretation of Results	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Communicating Results to Family/Client	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Treatment/Intervention Skills	
Planning/ Preparation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Treatment Implementation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Data Collection	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Session Analysis	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:

This checklist may be used to provide written feedback to the student following his/her participation in clinical activities (e.g., assessment, treatment, etc).