

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