

**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