**Clinical Feedback Form**

This form may be used by the **Clinical Educator** to provide comments and suggestions to the student following a session.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONTINUE…**  - Aspects of performance that were effective  - Be specific and describe the impact  - Highlight things that should continue in the future | **START OR DO MORE….**  - Identify behavior that the student knows how to do, and could do, or do more often |
| **CONSIDER…**  - Highlight a point of growth for the learner or a “doable” challenge for future interactions | **DISCONTINUE OR DO LESS…**  - Point out actions that were not helpful or could be harmful  - Be specific and indicate potential impact |