**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 |