

Maryjane Rees Language, Speech and Hearing Center Department of Communication Sciences and Disorders 7667 Folsom Blvd Sacramento, CA 95826

Phone: (916) 278-6601 Fax: (916) 278-7730

Reflection on Action: Clinic Session

Student Name:		Date:
Clinic Course:	Session Date:	Session Time:
Client Age:	Client's Primary Cond	cern:
List the objectives of the	e session:	
Ware the chiestives met	2 Vos/No	
Were the objectives met		
Briefly describe the clin	ical activities that aligned with	the objectives:
List and describe which	three things went well in the s	ession and why:
List and describe which	three things did not go well in	the session and why:
Discuss how you could	have improved the session:	
Discuss now you could	nave improved the session.	
Please rate your overall	impression of the session in ter	rms of clinical effectiveness on a scale

of 1 to 10, where 1 is not effective at all and 10 is highly effective:

The following Reflection on Action section should be completed at midterm and final clinic sessions only:
List and describe which three things have gone well so far this semester and why:
List and describe which three things have not gone well so far this semester and why:
Describe how you could improve your clinical effectiveness: