Reflection on Action: Clinic Session

Student Name: ___________________________   Date: ______________________
Clinic Course: ______________   Session Date: ____________   Session Time: ____________
Client Age: ________________   Client’s Primary Concern: ________________________

List the objectives of the session:

Were the objectives met? Yes/No

Briefly describe the clinical activities that aligned with the objectives:

List and describe which three things went well in the session 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:

Please rate your overall impression of the session in terms 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: