California State University Sacramento Department of Communication Sciences and Disorders

Reflection-On-Action: Recorded Therapy Session

Student Name:	Date:			
Methods Course:	Date of Session:	Hour of Session:		
Age of Client:	Disorder:			
List the objectives of the ses	sion:			
	/			
Were the objectives met? Ye				
Briefly describe the therapy	activities that align with the object	tives:		
List and describe WHY thre	e things went well in the session:			
List and describe WHY thre	e things did not go well in the sess	sion:		
Discuss HOW you could im	prove the session:			

Please rate your overall impression of the session in terms of clinical effectiveness:

Not effective			Somewhat effective				Highly effective		
1	2	3	4	5	6	7	8	9	10

List and describe WHY three things have gone well so far this semester:

List and describe WHY three things have not gone well so far this semester:

Discuss HOW you could improve your clinical effectiveness: