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 session:

 Were the objectives met?  Yes / No

Briefly describe the therapy activities that align with the objectives:

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

List and describe WHY three things did not go well in the session:

Discuss HOW you could improve the session:

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

<table>
<thead>
<tr>
<th>Not effective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Somewhat effective</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Highly effective</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>
Reflection-On-Action: Semester Thus Far

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: