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 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:

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: