

Video Self-Modeling
Clinical Self-Evaluation and Reflection Form

Your Name: _____

Client Initials: _____

Date: _____

Activity/Task/Time Sample from Session	What was observed?	How will this inform your future practice?

Choose one **client** behavior/skill: _____

Measure/collect data on the selected behavior/skill:

Choose one **clinician** behavior: _____

Measure/collect data on the selected behavior:

Overall strengths of the observed sample:

- 1.
- 2.
- 3.

What would you do differently next time?