CLINICAL EDUCATOR FEEDBACK FORM

DATE: CLIENT INITIALS: CLINICIAN’S NAME:

Underline: CHILD or ADULT DISORDER:

TOTAL TIME OBSERVED: START TIME: END TIME:

CLINICAL EDUCATOR’S COMMENTS:

**Session Beginning:**

**Activity/ Materials:**

**Data taking:**

**Task instructions:**

**Elicitation Procedures:**

**Feedback:**

**Behavior management/rapport**:

**Homework:**

**Wrap-up:**

**Questions**: