

Student Final Reflection

To be completed by the student clinician at end of practicum and reviewed with the supervisor.

Student Name: _____

Semester: _____

Site Name: _____

Practicum Level: _____

1. Describe your growth as a clinician, including clinical style, to date. *Type your answer here.*

2. Describe your professional interactions with administration; clinical, professional, and support staff; and clients' families. *Type your answer here.*

3. What have you learned in this setting from your clients, their family, supervisor, and the site? *Type your answer here.*

4. What research have you done to produce more successful results with your clients? *Type your answer here.*

Student signature: _____

Date: _____

Supervisor signature: _____

Date: _____