

**MID TERM/END OF TERM GRADE FORM
EVALUATION OF INTERVENTION**

CLINICIAN _____ SUPERVISOR _____ DATE ____ - ____ - ____
DESCRIPTION OF CLIENT _____ Child/Adult (circle one) Disorder(s) _____

Score using the following scale:

C- Clinician demonstrates competency **E**-Skill is emerging **N**- Skill needs remediation

1. _____ Analyzed information from a variety of sources in order to develop appropriate intervention plans (IV-G, 2a)
2. _____ Goals were measurable, reasonably achievable, and addressed the clients' needs (IV-G, 2a)
3. _____ Collaborated with SO and other professionals as needed to develop goals (IV-G, 2a)
4. _____ Implemented intervention plans effectively (IV-G, 2b)
5. _____ Selected appropriate materials for prevention and intervention (IV-G, 2c)
6. _____ Developed appropriate measurable daily session objectives
7. _____ Developed weekly (or as required by a site) written session summaries that were professional and included information regarding ongoing assessment activities as reflected in session summaries.(IV-G, 2d)
8. _____ Modified intervention plans, materials, and/or instrumentation as appropriate to meet the clients' needs (IV-G, 2e)
9. _____ Completed administrative and reporting functions necessary to support intervention (IV-G, 2f)
This includes collecting and submitting paperwork to the billing office, supervisors, and clients as needed.
10. _____ Appropriate referrals to other professionals were made (IV-G, 2g)
11. _____ Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others. (IV-G, 3a)
12. _____ Collaborated with other professionals in case management. (IV-G, 3b)
13. _____ Provided counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. (IV-G, 3c)

Minimal Expectation Items:

Minimal Expectation Items (MEI) are expected of each clinician *regardless* of clinical experience, amount of needed supervision, or clinical expertise. Each MEI occurrence will result in the lowering of one letter grade.

Supervisors: If the clinician did not demonstrate the MEI's, leave the blank empty and elaborate upon the situation resulting in the violation.

1. _____ Observed clinic/site rules
2. _____ Prepared for each therapy session
3. _____ Prepared for supervisory conferences
4. _____ Personal factors were removed from therapy
5. _____ Clinical record keeping was organized
6. _____ Interactions with SO and other professionals were respectful
7. _____ Written work was timely

Comments:(required) on back

