**Cover Sheet for Submission of Formative/Summative Practice Competency Tape A**

**Adapted CBT: Assessment and Formulation**

Name:

Date:

Client number: 1 2 3 (delete as appropriate)

Session number: 1 2 3 4 5 6 (delete as appropriate)

“I confirm the child/young person who is the subject of the assessment/intervention has a diagnosis/suspected diagnosis of ASD/LD”

*Signed: …………………………………………. Trainee Name:*

*“I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP Standards of Conduct, Performance and Ethics; AVIGuk Values and Beliefs] and/or workplace Policies, which have been strictly adhered to in terms of making the recording and seeking permission for use. A signed consent form is attached to demonstrate that the client has understood the reasons for and manner of this recording.”*

*Signed: …………………………………………. Trainee Name:*

**Please attach** **signed consent form(s) and your video/CD.**