**Clinical Portfolio Marking Sheet – (Parenting)**

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| **Form** | **Criteria** | **Achieved** |
| *Front sheet* |  |  |
|  | Present |  |
| *Form A (x1)* |  |  |
|  | * Correct amount of supervision – 5 hours per individual case |  |
|  | * Correct hours for Uni supervision (totals 44 hours overall minimum) |  |
|  | * Two groups – 14 sessions per group |  |
|  | * Observation of supervisor |  |
|  | * Signed and Dated |  |
| *Form B (x1)* |  |  |
|  | * Rated by supervisor |  |
|  | * Trainee has commented |  |
|  | * Signed and dated by supervisor |  |
|  | * Signed and dated by trainee |  |
| *Form C (x1)* |  |  |
|  | * Rated by supervisor |  |
|  | * Trainee has commented |  |
|  | * Signed and dated by supervisor |  |
|  | * Signed and dated by trainee |  |
| *Form D (x1)* |  |  |
|  | * Six individual cases |  |
|  | * Problem type contains conduct difficulties |  |
|  | * Six sessions minimum for each individual |  |
|  | * Two groups – 14 sessions each |  |
|  | * 100 clinical hours completed |  |
|  | * Signed and dated by workplace supervisor |  |
|  | * Signed and dated by university supervisor |  |
|  | * Signed and dated by trainee |  |
| *Form E (x6)* |  |  |
|  | * Problem type includes conduct difficulties |  |
|  | * Goals for therapy included |  |
|  | * Main intervention –IY home coaching (x3) or HNC (x3) |  |
|  | * Minimum six sessions |  |
|  | * Minimum five hours supervision per family |  |
|  | * Assessment/formulation letter or explanatory paragraph attached |  |
|  | * ROMs scores included (or reason why not) |  |
| *Form F (x2)* |  |  |
|  | * Forms completed, with name, and dated |  |
|  | * One for each IY Group tape submission |  |
| *Form G (x3)* |  |  |
|  | * Forms completed, signed and dated |  |
|  | * 2 x Collaborative Process Checklist; 1 X HNC Fidelity Checklist |  |
| *Form H (x3)* |  |  |
|  | * Reflective logs included – one for each tape submission |  |
| *Form I (x3)* |  |  |
|  | * Teaching log included for each term |  |
|  | * Missing sessions addressed |  |
| *Form J (x1)* |  |  |
|  | * Group register, 6 parents completing (attended 10+ sessions) |  |
| *Form K (x1)* |  |  |
|  | * Goals included and showing improvement |  |
| *Form L (x1)* |  |  |
|  | * Feedback Document included with positive ratings |  |

*To Amend:*