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

|  |  |  |
| --- | --- | --- |
| **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:*