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| **CLINICAL PORTFOLIO (Front Sheet)** | |
| **Name Date**  **Work Address**  **Work based Supervisor(s)** | |
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| **University Supervisor(s)** | |
| **Item** | **Confirm included** | |
| Form A - Supervision, supervised practice summary sheet |  | |
| Form B - Summative University Supervisor’s Report |  | |
| Form C - Summative Workplace Supervisor’s Report and CAPS Rating Scale (x 2) |  | |
| Form D - Clinical Log |  | |
| Form E - Individual client summary sheets (x 6) |  | |
| Form F Incredible Years Parent Group Peer and Self Evaluation Form (x 2) |  | |
| Form G - Incredible Years Group Leader Collaborative Process Checklist (x 2) and HNC Fidelity Checklist (x 1) |  | |
| Form H - Reflective Practice Logs (x 3) |  | |
| Form I - Teaching Hours Log |  | |
| Form J – Incredible Years Group Register (Form J) |  | |
| Form K - Parent Information and Goal Record Sheet |  | |
| Form L - Weekly IY Group Feedback Document |  | |
| KSA Portfolio (KSA trainees only) |  | |