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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) |  |