



**Department of Speech and Hearing Sciences**  
Roinn na nEolaíochtaí Urlabhra agus Éisteachta

### Self/Peer Evaluation Form

<b>Name:</b>		<b>Date:</b>
<b>Year of Study:</b>		<b>Evaluator:</b>
<b>Client Initials:</b>	<b>Client Group:</b>	<b>SLT Diagnosis:</b>

#### Evaluation

1. List 2 or 3 things that were successfully accomplished in the session.

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2. List what you would change to make the session more successful in future and how you would change it.

Things to change	Action

3. List general learning issues and an action plan to achieve these

Learning issue	Action

