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| Check point |  |  |
| Student/Therapist: ……………………………………………………………  Supervisor: ………………………………………………………………………..  Date: ……………………………………………………… | Dysphagia Practitioner Level:  Level A []  Level B []  Level C Emerging []  Level C []  Level C Advanced []  Level D [] |  |
| **Clinical Competencies gained since last checkpoint**  eg I am able to independently take a clinical case history.  I am able to observe a mealtime using an observation checklist. |  | |
| **New knowledge and skills objectives**  eg To read about feeding techniques for children with dysphagia.  To practise a supervised, swallow screening assessment. |  | |
| **Self-reflection on strengths and weaknesses**  critical evaluation of assessment and management of individuals with dysphagia |  | |
| **Feedback from Supervisor** |  | |