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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** |  |