

Southern Connecticut State University, Department of Communication Disorders  
Summary of Clinical Performance  
Midterm Review

Student:          Supervisor:          Practicum:          Term & Year:

**Areas of Strength / Emerging Competencies:**

**Mid-term Formative Assessment: Goal Setting (use any of the following areas that apply)**

Personal and Professional Competencies:

Goal(s):

Foundation Knowledge:

Goal(s):

Evaluation Skills:

Goal(s):

Intervention Skills:

Goal(s):

Oral Communication:

Goal(s):

Written Communication:

Goal(s):

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Clinician Signature

\_\_\_\_\_  
Date