

EVALUATION OF PARENT/FAMILY CONFERENCE

CLIENT _____ **DATE** _____

CLINICIAN _____ **SUPERVISOR** _____

Rating Scale: 4 (excellent) 3 2 1 N/A

PROFESSIONALISM

Projects professional manner and appearance:	4	3	2	1	N/A
Demonstrates adequate preparation:	4	3	2	1	N/A
Demonstrates organization:	4	3	2	1	N/A

INTERPERSONAL SKILLS

Projects interest and involvement:	4	3	2	1	N/A
Makes parents/family members comfortable:	4	3	2	1	N/A

COMMUNICATION OF INFORMATION

Presents information logically:	4	3	2	1	N/A
Uses appropriate language/terminology:	4	3	2	1	N/A
Uses examples/explanations as needed:	4	3	2	1	N/A
Covers topic thoroughly:	4	3	2	1	N/A
Responds appropriately to questions:	4	3	2	1	N/A