

Counseling Education in Audiology  
Performance Feedback Form

2018

Rating Scale: 0-1 = insufficient (limited) 2-3 = developing (inconsistent; needs support) 4 = independent (consistent)

SKILLS	DATES OBSERVED														
<b>NONVERBAL COMMUNICATION</b> (includes body position, eye contact, posture, distance from client, voice tone, rate of speech, facial expressions, etc.)															
<b>ENCOURAGERS</b> (includes minimal encouragers [e.g., head nods, uh-huh] and door openers [e.g., tell me more about...])															
<b>QUESTIONS</b> (includes use of appropriate open and closed questions; avoids leading and stringing questions together)															
<b>REFLECTION</b> (CONTENT: includes paraphrasing, summarizing, etc.)															
(FEELINGS: includes positive and negative emotions)															
<b>SHARED AGENDA</b> (includes collaboration with patient to establish a plan and priorities for the session)															
<b>SHARED PLANNING</b> (includes collaboration with client for shared decision-making, problem-solving, monitoring progress)															
<b>PROVIDING INFORMATION</b> (includes asking permission, checking in for understanding, individualizing content, offering choices, avoiding jargon)															
<b>VALIDATION</b> (includes telling patient what they feel is normal, and they can still act)															
<b>EFFECTIVE FEEDBACK INCLUDES: (1) discussing skills/concerns ahead of time, (2) discussing/reflecting on performance after session, (3) reviewing and discussing specific skills in audio/video of session, (4) role playing skills, and (5) setting goals</b>															

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DATE	COMMENTS