



STUDENT CLINICAL AND PROFESSIONAL DEVELOPMENT GOALS

Department of Speech-Language Pathology
University of Toronto

Instructions: This form is to be filled out **by the student** following the final evaluation *for all placement units*. Students will maintain a copy of this form and bring to the next placement where it can be used to help complete the Clinical Practicum Contract. After the final placement, these goals can be incorporated into future professional development or mentorship plans.

STUDENT NAME:		COURSE NUMBER:	
YEAR:	<input type="checkbox"/> Year I <input type="checkbox"/> Year II	CURRENT DATE:	

1. **Strengths** in present placement as mutually identified by the formal evaluation and discussion within the clinical placement.

(a)
(b)
(c)

2. **Goals** for future placements as identified by the evaluation and discussions (including areas which were not covered in any depth, areas of particular interest, etc.)

(a)
(b)
(c)

Site Name: _____

CE Signature: _____

Std Signature: _____