



## Behavioral Rehearsal Observation Form

Case Scenario / Clinical Situation \_\_\_\_\_

Core Element(s) – check all observed

Practicing Cultural Relevance	<input type="checkbox"/>	Assessing Risk, Safety Planning, & Supporting Families Through Crisis	<input type="checkbox"/>	Collaborative Treatment Planning & Care Coordination	<input type="checkbox"/>
Engaging Youth & Family	<input type="checkbox"/>	Providing Therapeutic Interventions	<input type="checkbox"/>	Continuity with Higher Levels of Care	<input type="checkbox"/>
Conducting a Comprehensive Collaborative Assessment	<input type="checkbox"/>	Incorporating Psychiatry & OT Consultation	<input type="checkbox"/>	Supporting Life Transitions	<input type="checkbox"/>
Bridging Community Integration	<input type="checkbox"/>	Strengthening Wellbeing Through Respite	<input type="checkbox"/>		<input type="checkbox"/>

What did you observe the practitioner say and do?

What did the practitioner do well? What are the strengths in their practice? (be specific)

What improvements would you suggest the practitioner consider?

Did you have any insights about your own practice?