



VIDEO FEEDBACK VISIT

1

2

3



SLP Name

Video Feedback Visit Evaluation

Date:

1. The most helpful thing I learned from this video feedback session is:
2. Did the Video Feedback session help your child make progress on his or her goals?
 Yes No
Please explain
3. Did you find the SLP's guidance helpful? Yes No
Please explain
4. Is there anything you would suggest the SLP does at the next video feedback visit?
5. Any other comments?
6. Overall, how helpful was the video feedback visit?
 1 2 3 4 5

Least helpful *Helpful* *Very helpful*