

Occupational Therapy Peer Audit Review Reporting Sheet

Therapist:

Supervisor:

Case:

Areas of good practice noted:

Areas of unmet need/ recommendations for change in practice:

Areas for consideration in supervision:

Recorded by:

Date:

Outcome of supervision:

Supervisor:

Supervisee:

Date:

Assessment process:

- Identified areas of good practice:
- Identified areas of need:

Intervention planning:

- Identified areas of good practice:
- Identified areas of need:

Intervention process:

- Identified areas of good practice:
- Identified areas of need:

Evaluation:

- Identified areas of good practice:
- Identified areas of need:

Evidence of clinical reasoning:

- Identified areas of good practice:
- Identified areas of need:

Communication (liaison with other professionals):

- Identified areas of good practice:
- identified areas of need: