



**Please identify the top 2-3 things you did well during this encounter:**

**List any health behaviors or concerns about safety you identified during the encounter:**

**What are some counseling approaches or safety plans you employed or might try with this patient?**

**Please identify 2-3 things you would like to do differently or work on during you next encounter:**

**Please add feedback to the faculty about the process of taping the encounter and completing the form:**