Clinician Evaluation Sheet

TAG VITAAL-K™ Therapy Session

Clinician Name: _____

Date: _____

Child/Client ID: _____

Session Duration: _____

1. Session Overview

- **Therapy Strand Focus:**
  - ☐ Phonological Awareness
  - ☐ Orthographic Mapping
  - ☐ Executive Function (attention, working memory)
  - ☐ Motor Integration (gross/fine movement)
  - ☐ Parent Coaching Component
- **Session Type:**
  - ☐ Individual Therapy
  - ☐ Parent-Child Coaching
  - ☐ Group Session

2. Engagement & Participation

Dimension	Rating (1–5)	Notes
Child's physical participation	☐1 ☐2 ☐3 ☐4 ☐5	
Child's emotional engagement	☐1 ☐2 ☐3 ☐4 ☐5	
Parent's involvement (if applicable)	☐1 ☐2 ☐3 ☐4 ☐5	
Clinician's ease of delivery	☐1 ☐2 ☐3 ☐4 ☐5	

3. Literacy-Movement Integration

Target Skill	Observed Performance	Notes
Rhythmic sequencing (clap, step, chant)	☐ Emerging ☐ Developing ☐ Mastery	
Multisensory spelling routine	☐ Emerging ☐ Developing ☐ Mastery	
Movement-to-sound mapping	☐ Emerging ☐ Developing ☐ Mastery	
Parent-child co-regulation	☐ Emerging ☐ Developing ☐ Mastery	

4. Clinical Observations

- **Strengths observed:** _____
- **Challenges noted:** _____
- **Adaptations used (legal defensibility):**
  ☐ Modified pacing
  ☐ Adjusted motor sequence
  ☐ Simplified linguistic load
  ☐ Parent scaffolding

5. Risk & Compliance

- HIPAA-compliant documentation maintained ☐ Yes ☐ No
- Scope of practice adhered to ☐ Yes ☐ No
- Any adverse events or safety concerns? ☐ Yes ☐ No
  If yes, describe: _____

6. Next Steps

- Recommended focus for next session: _____
- Parent homework/at-home coaching: _____
- Clinician reflection: _____

TAG VITAAL-K THERAPY EVALUATION SHEET

Notes (observations)

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Signature

Clinician: _____

Date: _____