

Feedback Journal

Date _____

DATE OF CALL: _____

TIME OF CALL: _____

ANXIETY LEVEL BEFORE CALL (1-10)



ANXIETY LEVEL AFTER CALL (1-10)



WHAT WENT WELL:

CHALLENGES FACED: DESCRIBE MOMENTS DURING THE CALL THAT WERE DIFFICULT OR CAUSED ANXIETY

BRIEFLY DESCRIBE THE REASON/PURPOSE FOR THE CALL.

LIST ANY TECHNIQUES OR STRATEGIES USED DURING THE CALL.

AREAS FOR IMPROVEMENT: IDENTIFY SPECIFIC AREAS WHERE YOU FEEL YOU COULD IMPROVE.

ACTION PLAN FOR NEXT CALL: OUTLINE STEPS OR STRATEGIES TO IMPLEMENT IN FUTURE CALLS BASED ON THIS EXPERIENCE.