

HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL  
**CLINICAL PRACTICE PORTFOLIO ASSESSMENT RECORD**  
Professional Practice Observation

NZHPSReg PROFESSIONAL PRACTICE OBSERVATION x 2	NAME:				DATE:	
Requirement	Not Met		Partially Met		Standard Met	
<b>Verification</b> • signed off						
<b>Observations x 2</b> • Documentation includes: <i>Environment</i> <i>Sensory</i> <i>Explanations given</i> <i>People present /involved</i>  • Identified stress points and significant details  • Child/young person's and family perspective	Healthcare Play	Procedural Prep	Healthcare Play	Procedural Prep	Healthcare Play	Procedural Prep
<b>Reflection /evaluation on procedure observed</b> • Identifies potential HPS intervention/advocacy  • Identifies possible follow-up for child/YP and family and MTD to procedure  • Implications from observation for own future practice  • Possible own service future development						
• Identifies discussions with NZHPSReg						