**CSK-L2 Candidate Self-assessment of Skills**

Candidate’s name: …………………………………………………………………………. Date: ……………………….

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| --- |
| **The session** |
| Comment on your management of the helping session: |
| Comment on how the helping interaction was established and maintained: |
| Comment on your use of counselling skills: |
| Comment on your main learning points from the session: |