

SUPERVISED PRACTICUM

PARTICIPANT PROJECT PLAN ASSESSMENT

Participant's Name: _____

Supervisor's Name: _____

I. What was the overall experience of developing the plan?

Positive Experiences: _____

Disappointments: _____

II. Comments on the project plan, (i.e., your goals and objectives; what you hoped to provide, achieve, receive, etc.).

Participant's Signature: _____ Date: _____