



**Participant:** Please complete this form at your last Practicum meeting and return to Supervisor in order for your training file to be updated.

**Supervisor:** Please collect and forward completed forms to the Glasser Australia Office within 7 days of the completion of the Practicum.

***If all participants do not finish at the same time, please forward individual forms when completed***

PERSONAL DETAILS (PLEASE PRINT)																														
Surname															Given Name															
Street															Suburb															
State															Postcode															
Home Ph															Work Ph															
Mobile															Fax															
	j	s	m	i	t	h	@	n	e	w	s	p	a	c	e	.	n	e	t	.	a	u								
Email																														
TRAINING DETAILS																														
Practicum Supervisor's Name															Location															
Dates of Practicum															Total No of Hrs															
PARTICIPANT FEEDBACK																														
PERSONAL LEARNING																														
What were the 3 most valuable insights/learnings you gained?																														
Books studied during Practicum:																														

What aspects of CT/RT/LM would you like to explore further?

## PRESENTATION

In what way/s did the Supervisor contribute to the quality of the Basic Practicum training?

Which activities/ experiences /components led to your most useful learning in the Basic Practicum training?

## GLASSER AUSTRALIA

Please suggest anything the Supervisor and/or the Institute can do to improve the quality of the Basic Practicum training:

Please rate your overall satisfaction with your Basic Practicum training

1 \_\_\_\_\_ 5  
Not satisfied Very satisfied

Are you interested in further training  
(please tick one)

☐ YES ☐ NO

Participant's Signature

### OFFICE USE ONLY

Data Base & Excel Training