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## SUPERVISED PRACTICUM PARTICIPANT PROJECT PLAN ASSESSMENT

Participant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

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Positive Experiences: \_\_\_\_\_

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Disappointments: \_\_\_\_\_

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

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_