Complete and describe the student's progress and any changes in the objectives, goals, or schedule of the practicum experience to-date.

*Please complete all sections and type your responses*

Student's Name: __________________________  Preceptor: __________________________

Host site: __________________________

Contact hours end date: ________________  Practicum advisor: __________________________

1) Describe and explain any changes in the learning objectives, practice goals, two work products, or schedules of the Practicum.

2) Describe how the Practicum has progressed to date, including any concerns not mentioned above.

3) Confirmed committee members (names): __________________________

4) Scheduled date of Oral Presentation and Examination:

*Signatures*:

Student: __________________________  Date: ________________

Preceptor: __________________________  Date: ________________

Practicum Chair/Advisor: __________________________  Date: ________________