

# PRACTICUM RECORD

## Certification program for learning and teaching respiration

Name of trainer: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Email address: \_\_\_\_\_

### Type of session:

- Evaluation (or learning)
- Training (or teaching)
  
- Self
- Trainee

Session date: \_\_\_\_\_

Session time frame: \_\_\_\_\_

Sequence number: \_\_\_\_\_

(for example, "E4" for 4<sup>th</sup> Evaluation session, or T7 for 7<sup>th</sup> training session)

**For evaluations:** Why is s(he) being tested? What are the complaints?

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**For evaluations:** What did you learn from the evaluation?

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**For training:** What were the results? What was accomplished?

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**For evaluation and training:** What's next? What's the follow-up? What are your recommendations?

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**Additional Comments:** What other considerations do you have (if any)?

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