

PRACTICUM RECORD

Evaluation (10) and Training (20) sessions for CRFT Certification program

Name of trainer: _____ Telephone number: _____

Email address: _____ Skype number: _____

Type of session:

Evaluation Session Training Session

Session date: _____ Session time: _____

Sequence number: _____ (Examples: E-4 for 4th Evaluation Session, and T-7 for 7th Training Session)

For evaluations: What were the reasons for the evaluation?

For evaluations: What did you learn about your client's breathing habits?

For evaluations: What were your recommended learning solutions?

For training: What were the objectives? What were the outcomes?

For training: What more did you learn about your client's breathing habits?

For training: What were the recommended homework assignments, or client follow-up actions?

Email your completed PDF forms to: sr@bp.edu
Or, if necessary, fax your forms to 1.505.213.0351